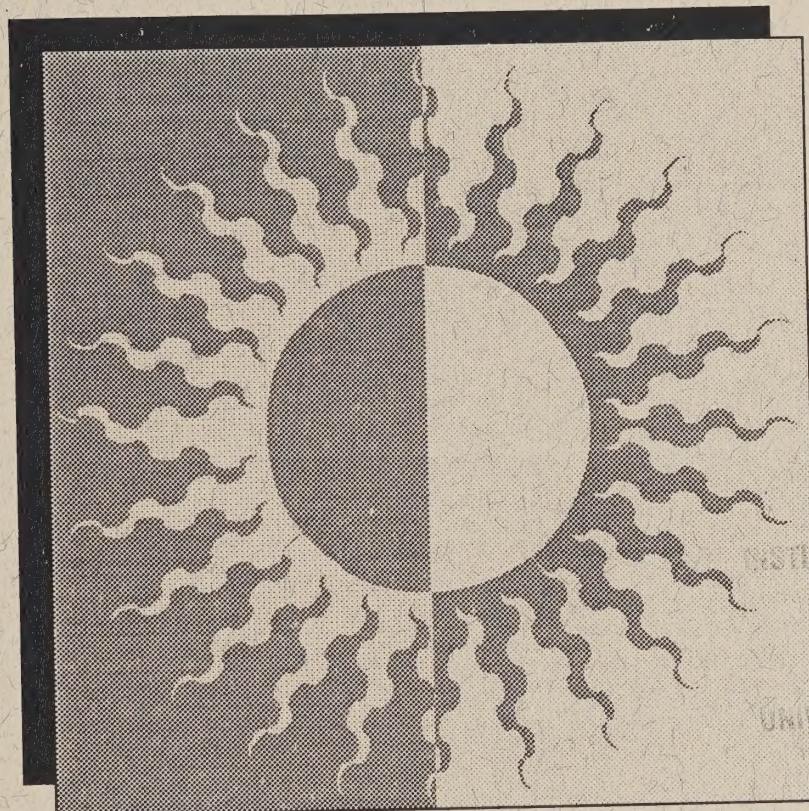


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A Profile of the Older Population of Alameda County

Final Report with
Technical Appendices

Alameda County Needs Assessment Oversight Committee

May 1994

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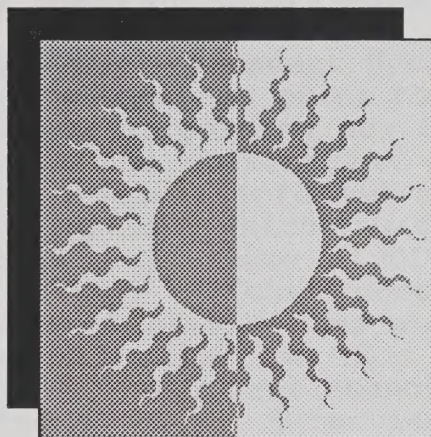
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A Profile of the Older Population of Alameda County

May 1994

Prepared For:
**Alameda County Needs Assessment Oversight
Committee**

By:
Harder + Kibbe Research + Consulting

Funding for this study was provided by:
Alameda County Area Agency on Aging

To the Alameda County Board of Supervisors

On behalf of the Needs Assessment Oversight Committee, it is with a sense of accomplishment and pride that I submit to you this final report on the needs of persons age 55 and older in Alameda County. This report is the culmination of a six-month process which was guided by a diverse, informed and committed community group, the Oversight Committee, which I was honored to chair. Our community is indebted to these individuals who actively participated in all phases of this comprehensive undertaking. Thanks also to a group of skilled and wonderful volunteers who assisted in the data collection for this study and to the many individuals who offered their assistance by participating in community meetings, focus groups, interviews and surveys.

The process of conducting this community senior needs assessment was an inclusive one, reaching out to older adults, caregivers, advocates, providers and community leaders throughout Alameda County in order to assemble a multidimensional picture of our older population and their current and future needs. I believe, as do my colleagues on the Oversight Committee, that this needs assessment process can serve as a mode for future information-sharing, community dialogue and problem-solving.

This report brings together a wealth of data from many sources in this community to create an information resource on our older population which ought to be of use for many years by policymakers, funders, planners, providers, advocates and older adults themselves. I hope that by assembling this report, the Oversight Committee will have taken an important first step in strengthening our community's responsiveness to its growing elder population.

A number of the needs and issues identified in this report as critical to the well-being of older persons in Alameda County fall outside of the scope of local authority. Continuing advocacy with the state and federal governments on key matters of income maintenance, health care, long-term care, housing and community development on behalf of older adults represents an important strategy to more effectively support our community's elders.

This needs assessment report is a challenge to us all. I believe that, as a community, Alameda County is prepared to respond.

For the Needs Assessment Oversight Committee,

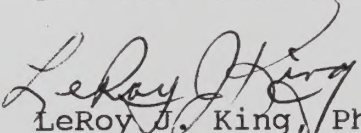
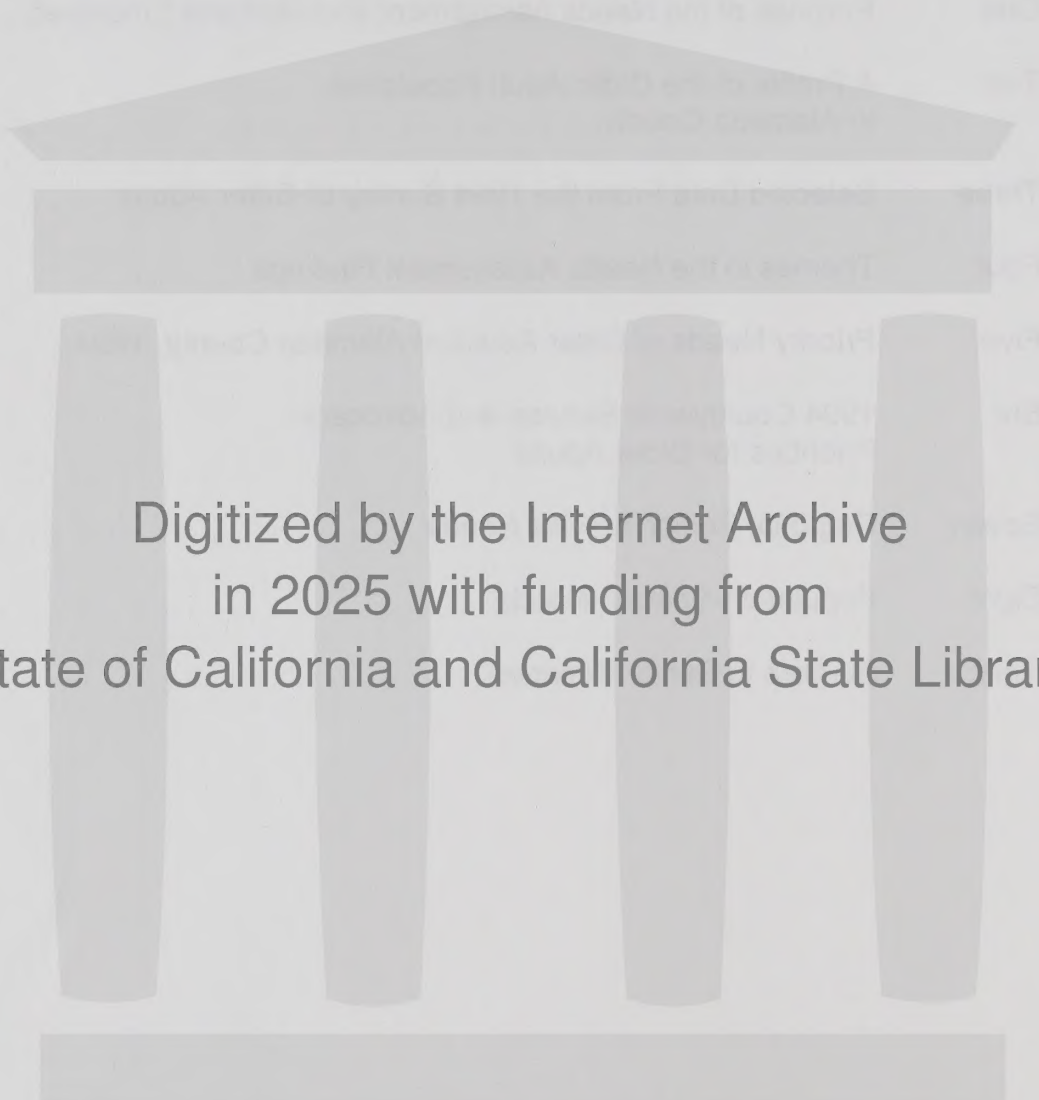

LeRoy J. King, Ph.D.
Chair

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Executive Summary

Purpose of the Needs Assessment and Methods Employed

Mirroring trends at the national and statewide levels, Alameda County's resident population is growing older and, reflecting trends in other Bay Area counties, more ethnically diverse. As the 55+ age group continues to grow in absolute numbers and as a proportion of the County's total population, the need to carefully and objectively examine current and expected needs and resources becomes increasingly important. The purpose of this needs assessment, commissioned by the Alameda County Board of Supervisors, is to document the current needs, concerns and resources within the County's 55+ population and to project these issues through the end of the century. The goal is to create an objective information resource for the entire community from which resource allocation, service planning and public policy decisions at the city and county levels can be made in a coordinated manner.

The entire process of structuring the needs assessment, collecting and analyzing data, and preparing this final report was an open one, overseen by a representative community group to ensure that the final product was timely, useful and tied directly to community concerns and priorities. This group was called the Needs Assessment Oversight Committee and consisted of 21 individuals representing older adult consumers, service providers, planners, city and county senior services program managers and volunteer senior leadership.

From the outset, several principles guided the process of conducting this needs assessment, from the selection of the Oversight Committee to the completion of this report. These were:

- Comprehensive
- Inclusive
- Objective
- Community-driven
- Needs-focused

Creating an accurate and meaningful assessment of Alameda County's older adult population required a strategic combination of quantitative and qualitative data collection and analysis techniques which, in the aggregate, ensured accuracy, comprehensiveness and objectivity. These methods were:

- Secondary Data
- Survey of the Older Population
- Key Informant Interviews
- Community Meetings

- Focus Groups
- Community Response Forms

Any single method of collecting data carries with it some intrinsic limitations. By using more than a single method, limitations in one approach can be offset by the strengths in others. The needs assessment design called for the use of quantitative as well as qualitative data collection methods which were able to complement one another.

A Profile of the Older Adult Population in Alameda County

Alameda County Population Trends 55+ 1960 - 2020

Year	Total 55+	% of County Population	% of 55+ Racial/Ethnic Minority
1960	164,485	18.1	8.7
1970	191,295	17.8	14.6
1980	217,803	19.7	23.0
1990	230,174	17.9	36.1
2000	282,128	19.4	41.2
2010	401,328	25.7	44.3
2020	533,945	32.1	49.2

Source: 1960, 1970, 1980, U.S. Census
1990 U.S. Census - STF 2B
California Department of Finance Projections

The data above indicate significant and steady growth in Alameda County's 55+ population historically and as projected for the next three decades, reflecting statewide and national trends.

**Alameda County
Population Trends 55+ (Estimates)
1990 - 2020**

Age Group	1990 Population	% Change 1990 - 2000	% Change 1990 - 2020
55 to 64	94,394	31.7	151.9
65 to 74	79,271	2.7	126.4
75 to 84	42,624	31.5	91.8
85+	13,885	46.4	151.8
Total 55+ Population	230,174	22.6	132.0

Source: 1960 U.S. Census
1990 U.S. Census - STF 2B
1994 California Department of Finance Projections

The data above indicate that the greatest rate of growth within the 55+ population in Alameda County will occur in the oldest and youngest age groups.

**Alameda County
60+ Population by Region
1960 -1990**

Area	1960		1970		1980		1990	
	Number	% of Total	Number	% of Total	Number	% of Total	Number	% of Total
North	95,632	79%	98,164	70%	92,742	58%	89,886	49%
Central	19,541	16%	30,276	22%	44,215	28%	54,443	30%
South	3,707	3%	7,506	5%	15,545	10%	25,579	14%
East	2,917	2%	4,721	3%	8,112	5%	12,190	7%
Total	121,797	100%	140,667	100%	160,614	100%	182,098	100%

Source: 1960, 1970, 1980, & 1990 U.S. Census -- STF 1A
Alameda County Area Agency on Aging, Area Plan, June 1993

The data above reflect growth in the number of age 60+ residents in the Central, South and East portions of Alameda County from 1960 to the present.

**Alameda County
Income Levels of Singles & Couples: Age 55+**

Income Level	Singles Monthly Income Standard	Singles (N = 349)	Couples Monthly Income Standard	Couples (N = 293)
Above County Low Income*	-	54.2%	-	67.6%
Exactly County Low Income	\$934	2.3%	\$1693	2.4%
Below County Low Income, Above County Very Low Income	-	11.7%	-	8.5%
Exactly County Very Low Income	\$779	1.4%	\$1,411	3.8%
Below County Very Low Income, Above SSI	-	9.7%	-	6.5%
Exactly SSI	\$623	3.4%	\$1,129	2.4%
Below SSI	-	17.2%	-	8.9%

* Defined by U.S. Department of Housing and Urban Development
Source: 1994 Senior Needs Assessment Survey

These data indicate that fully 20.6% of single persons 60 or older and 11.3% of older couples have incomes at or below the Supplemental Security Income (SSI) level of \$623 per month (singles) or \$1,129 per month (couples). A cumulative total of 45.7% of single elders and 32.5% of older couples have 1994 incomes at or below the Alameda County low income standard.

**Alameda County
Activity Limitations: Age 55+**

	Transportation (N = 766)	Crime/Violence (N = 765)	Language (N = 753)
No Limitation	655	510	708
Limitation	111 (14.5%)	255 (33.3%)	45 (6.0%)
Frequently	46.7%	36.1%	22.7%
Occasionally	41.1%	37.0%	47.7%
Seldom	12.2%	26.9%	29.5%

Source: 1994 Senior Needs Assessment Survey

1994 senior survey respondents were asked whether transportation, crime/violence or language affected their abilities to conduct daily activities. Crime and violence were cited by one-third (33.3%) of respondents. This was followed by transportation problems, which limit the daily activities of 14.5% of the 55+ population. Problems with language were reported by 6.0% of respondents as a reason that they limit their daily activities.

Alameda County
Percent of Older Adults Living Alone by Region: Age 55+
N=775

Living Status	County	North	Central	South	East
Living Alone	32.4	40.2	26.7	21.6	24.6
Not Living Alone	67.6	59.8	73.3	78.4	75.4
Total	100%	100%	100%	100%	100%

Source: 1994 Senior Needs Assessment Survey

Alameda County
Percent of Older Adults Living Alone by Age Group
N=775

Living Status	Total	55 to 64	65 to 74	75 and over
Living Alone	32.4	24.7	30.5	47.3
Not Living Alone	67.6	75.3	69.5	52.7
Total	100%	100%	100%	100%

Source: 1994 Senior Needs Assessment Survey

The data above reveal that almost one third (32.4%) of older adults in Alameda County are living alone. The percentage of older adults living alone increases proportionately with age.

Themes in the Needs Assessment Findings

Throughout the process of collecting data for this needs assessment, several issues and concerns arose with considerable frequency and consistency in interviews, focus groups and community meetings.

Living Independently at Home: Ensuring that older adults can remain safely in their own homes, despite changes in health or functional status, was the dominant theme of this needs assessment.

Older Adults as Resources for the Community: Many respondents, elders and others, saw a need to redefine the public's perceptions of older adults and to develop real opportunities to tap into the older population as a community resource.

Declining Resources; Increasing Needs: The imbalance between the service needs of a growing population of older adults in Alameda County and steadily declining public and private resources poses a serious threat to the safety, security and well-being of the County's older adults.

Erosion of "Safety Net" Services: The impacts of declining resources have been experienced across the spectrum of senior services in Alameda County.

The Dilemma of Outreach to Isolated and Underserved Elders: As service resources become more scarce, many providers have had to reevaluate their efforts to reach out to underserved or isolated elders in their communities.

Personal Income and Access to Services: Older adults who must rely on government and nonprofit agencies are very much at the mercy of funding cuts and staff reductions.

Means-related Versus Categorical Eligibility for Services: As formal resources have declined during the past several years for human services in general and for senior services specifically, there is increasing discussion about the nature of entitlement and service eligibility.

"Impenetrable" Service System: Consumers of health care and supportive services for older adults consistently reported the difficulties they experienced in identifying and obtaining assistance.

Shared Responsibility in Obtaining Services: Bringing down systems barriers will require concerted efforts from both providers and consumers as all struggle "to do more with less" in the coming years.

The Challenge of Increasing Cultural Diversity: With growing numbers of older

adults from communities of color, a significant percentage of them with limited or no English language capability, the formal senior service system has been challenged to respond.

Fragile Support Systems: It is important to recognize that the majority of the nonclinical support provided to older adults is done so informally, by family members, friends, neighbors and volunteers.

Support for Caregivers: Despite the significant level of assistance provided to older adults in Alameda County (as elsewhere) by informal caregivers such as family members, friends, churches, community groups and other volunteers, few formal resources exist to support or relieve them.

Priority Needs of Older Adults in Alameda County

The unmistakable mandate for this senior needs assessment, from the Board of Supervisors who commissioned the study to the community Oversight Committee which implemented it, was to develop a thorough understanding of unmet needs from the perspective of older adults themselves. A total of six broad categories of need were identified in this senior needs assessment. They are:

- The need to maintain individual independence;
- The need for economic security;
- The need for personal and community safety;
- The need for support to live at home;
- The need for access to services; and
- The need for meaningful elder community involvement.

1994 Countywide Service and Advocacy Priorities for Older Adults

The fundamental finding of this senior needs assessment is that there is currently a substantial gap between the needs of Alameda County's senior population and the level of formal services available to respond to those needs. Three categories of service priority are used in this discussion. They are:

- Urgent Service Priorities. These are services which represent a social support "safety net" for older adults at risk of isolation, abuse, neglect, exploitation and/or inappropriate institutionalization.
- Serious Service Priorities. Services included in this category support and enable older adults to maintain their independence and community involvement, even in situations of temporary or protracted activity limitation or other special need.

- Ongoing Service Priorities. Because of the protracted decline in funding for an array of senior services, a number of important programs must be maintained and expanded in order to ensure that older adults in Alameda County have the resources necessary to maintain their independence.

Urgent Service Priorities. This needs assessment has identified a series of eight types of senior services which represent critical supports for Alameda County's elders with the most serious needs and often with the fewest resources. Listed alphabetically, urgent service priorities are:

- Information and Referral Services
- In-Home Services
- Language and Culture-related Services
- Legal Services
- Meals; Food Programs
- Protective Services
- Support Services for Caregivers
- Transportation

Serious Service Priorities. An array of formal services support and enable older adults to live productive lives with maximal independence. Listed alphabetically, these serious needs are:

- Case (or Care) Management for Special Needs Clients
- Health Care and Home Health Care Services
- Housing Options for Older Adults
- Mental Health Services
- Outreach to Isolated and Underserved Elders
- Residential Maintenance and Repair
- Social Day Care/Adult Day Health Care

Ongoing Service Priorities. These are services which support elders and their caregivers and which represent key elements of a community's elder-serving infrastructure.

- Recreation and Socialization Programs
- Senior Employment and Volunteer Opportunities

Regional Senior Service Needs

While the principal focus of this needs assessment was Countywide, important differences exist by geographic region.

Alameda County Regional Priority Needs and Services: Age 55+ 1994

Region		Regional Priority Needs (All High Priorities)		Service Responses* (All High Priorities)
North County	■	Basic Needs (food, housing, income assistance)	■	Home/Congregate Meals
	■	Individual/Community Safety	■	Protective/Mental Health Services
	■	In-Home Assistance	■	IHSS/Home Health and Nursing
	■	Help Obtaining Services	■	Legal Assistance
	■	Caregiver Support	■	Information and Referral
			■	Housing/Home Repair
			■	Respite/Day Program
Central County	■	Mobility/Involvement	■	Paratransit
	■	Information on Services	■	Information and Referral
	■	Caregiver Support	■	Respite/Day Programs
	■	Safe and Affordable Housing	■	IHSS/Home Health/Food
			■	Housing/Home Repair
			■	Protective Services
South County	■	Mobility	■	Paratransit
	■	Help Getting Services	■	Information and Referral
	■	Basic Needs (food, housing, income assistance, medical care)	■	IHSS/Home Health/Meals
	■	Caregiver Support	■	Primary Health Care
	■	Home/Community Safety	■	Legal Assistance
			■	Housing
			■	Respite Services
			■	Protective/Mental Health Services

East County	■	Safe and Affordable Housing	■	Housing/Home Repair
	■	Mobility	■	IHSS/Home Meals
	■	Access to Services	■	Protective Services
	■	Basic Needs (food, medical care)	■	Paratransit
	■	Caregiver Support	■	Information and Referral
			■	Legal Assistance
			■	Respite Services
			■	Primary Health Care

* As identified in Focus Groups, Community Meetings, and Key Informant Interviews with consumers and providers.
Source: Analysis of 1994 Senior Needs Assessment Survey

Barriers to Senior Services

Throughout the course of this needs assessment, in all parts of the County and from many different perspectives, respondents provided information, anecdotal and aggregated, about serious barriers that prevent elders from receiving the assistance they need to live independently and safely. These barriers are both structural and attitudinal.

- **"The waiting list was so long and I needed help right away."***
Continuing declines in funding and resulting reductions in many senior programs and agencies have resulted in lengthy waiting lists for many services, including some "safety net" services.
- **"It seems like getting what you need is getting harder and harder all the time."** Identifying appropriate sources of service and obtaining them in a timely manner often is a considerable ordeal, particularly daunting for non-English-speaking, frail, sensory limited and isolated older adults.
- **"Its very difficult for me to communicate with them."** Language can represent a serious barrier to services for elders who are not able to communicate in English.
- **"It takes over four hours round trip for me to get there."** Particularly for non-driving elders outside of the northern part of the County and for activity-limited elders throughout the County, getting to sources of service can be a serious barrier.
- **"I don't want welfare; I don't want to lose my home; and I don't want to talk about my problems with strangers."** For some elders, the welfare stigma acts as an attitudinal barrier to seeking formal sources of assistance.

*Client quotes from focus groups, community meetings, community response forms.

These barriers, described from the perspective of service users, most seriously affect those elders who are least able to negotiate a complex and bewildering array of services and providers. Ensuring equitable and needs-based access to senior service resources requires systematic resolution of these serious structural and attitudinal barriers.

Chapter One

Purpose of the Needs Assessment and Methods Employed

1.1 The Intent of This Needs Assessment

Mirroring trends at the national and statewide levels, Alameda County's resident population is growing older and, reflecting trends in other Bay Area counties, more ethnically diverse. As the 55+ age group continues to grow in absolute numbers and as a proportion of the County's total population, the need to carefully and objectively examine current and expected needs and resources becomes increasingly important.

The purpose of this needs assessment, commissioned by the Alameda County Board of Supervisors, is to document the current needs, concerns and resources within the County's 55+ population and to project these issues through the end of the century. The goal is to create an objective information resource for the entire community from which resource allocation, service planning and public policy decisions at the city and county levels can be made in a coordinated manner. In order to make the most effective use of limited resources available, this needs assessment was designed to focus on the population of persons 55 and older who are not institutionalized in nursing homes or other long-term care facilities.

This needs assessment looked comprehensively at older adult needs including, but not limited to, services and programs supported by the Older Americans Act. This broad focus was intended to ensure a thorough assessment of needs and priorities of Alameda County's older residents across many areas of service.

Typically, needs assessments for older adults focus on the 60+ or 65+ age group. As defined in the U.S. Older Americans Act, an older adult is anyone who has reached their sixtieth birthday. This needs assessment included the 55+ age group in order to support future planning activities directed towards the County's older adult population at the turn of the century.

1.2 The Process Used to Conduct This Needs Assessment

In order to accomplish this goal, the Board of Supervisors charged the County Social Services Agency (through its Area Agency on Aging) to issue a needs assessment report in mid-1994. In late 1993, the Area Agency on Aging contracted with Harder+Kibbe Research for assistance in developing an overall design for the senior needs assessment and in creating an inclusive, community-driven process for its implementation.

The entire process of structuring the needs assessment, collecting and analyzing data, and preparing this final report was an open one, overseen by a representative community group to ensure that the final product was timely, useful and tied directly to community concerns and priorities. This group was called the Needs Assessment Oversight Committee and consisted of 21 individuals representing older adult consumers, service providers, planners, city and county senior services program managers and volunteer senior leadership. In addition, deliberate efforts were made to include representatives of each geographic area of the County and to ensure broad involvement of the County's ethnic communities. Chaired initially by Norman R. Hinds during the design phase and by LeRoy King, Chair of the Alameda County Senior Commission thereafter, the Oversight Committee consisted of the following volunteers:

Name	Affiliation
Effie Burgess	City of Berkeley, Senior Program Administrator
Kate Cavanaugh	City of Fremont, Human Services Department
Emma Coria	Posada de Colores & Alameda County Advisory Commission on Aging
Bruce Fiedler	Pleasanton Gardens
Susan Garbuio	Bay Area Community Services
Louis Hal	City of Oakland Commission on Aging & Alameda County Advisory Commission on Aging
Nancy Hillis	City of San Leandro
Katharine Hsiao	Legal Assistance for Seniors, Inc.
Georgina Jones	City of Alameda
Mil Karstens	Alameda County Adult Protective Services
LeRoy King	Alameda County Advisory Commission on Aging
Linda Kretz	Alameda County Area Agency on Aging
David Korth	City of Hayward
Lisa Lahowe	Alameda County Area Agency on Aging
May Lee	Oakland Chinese Community Council, Inc.
Liz Mata	Tri-City Health Center, Inc.
Todd Mikuriya	Eden Medical Center
Sandra Nathan	City of Oakland, Department on Aging
Floyd Seymour	City of Newark Senior Advisory Committee
Calvin Simmons	Congress of California Seniors
Diane Wong	Alzheimer's Services of the East Bay

When a final needs assessment design was approved by the Needs Assessment Oversight Committee, a Request For Proposals was issued and a collaboration of two firms, Harder+Kibbe Research and the Survey Methods Group of Communications Technologies, was selected to administer the needs assessment and prepare this final report to the Board and the Alameda County community.

From the outset, several principles guided the process of conducting this needs assessment, from the selection of the Oversight Committee to the completion of this report. These were:

- Comprehensive. The needs assessment was to look at the full spectrum of needs, concerns and resources in the County's noninstitutionalized older population.
- Inclusive. The process and scope of the needs assessment was to include diverse perspectives, interests and needs.
- Objective. Data resulting from the needs assessment was to be of the highest reliability and free from any sort of bias or preconception.
- Community-driven. The needs assessment process and focus were to be directly relevant to the many community interests which would make use of the report's findings and conclusions.
- Needs-focused. The needs assessment was intended to move away from issues (largely funding-related) which have historically divided the elder-serving community in Alameda County. The intent of this report was to establish a common understanding of the County's elders and their needs which can be subsequently used for a host of planning, service development, policy and funding decisions.

In order to leverage the formal resources made available by the Board of Supervisors for this needs assessment, the Oversight Committee encouraged the use of volunteers for some data collection efforts, where deemed appropriate by the consultants and the Oversight Committee.

The volunteers were:

Anna Cooper

Graduate Student at U.C.Berkeley
School of Social Welfare

Kristen deClive-Lowe

Graduate Student at U.C.Berkeley
School of Social Welfare

Harry Gin

Program Specialist, Alameda County
Adult and Aging Services

Naomi London

Graduate Student at U.C.Berkeley

Ben Lopez
John Nguyen
To Nguyen
Manik Sahatjian
Kevin Suelter

Robert Washington

School of Social Welfare
Filipino American Community Services
Vietnamese Fishermen Association
Vietnamese Fishermen Association
City of Fremont
Graduate Student at U.C.Berkeley
School of Social Welfare
Oakland Department on Aging

This volunteer involvement greatly extended the scope of the needs assessment and proved to be a highly effective strategy for gathering a wealth of information and a diversity of interests and perspectives which might otherwise have gone untapped. This needs assessment report is a richer product because of the high level of volunteer commitment and skill.

Information presented in this report is sometimes organized by the four geographic areas of Alameda County: North, Central, South and East. In addition to unincorporated areas, the cities included in each sub-region are:

North County

- | | |
|------------|--------------|
| ■ Alameda | ■ Emeryville |
| ■ Albany | ■ Oakland |
| ■ Berkeley | ■ Piedmont |

Central County

- | | |
|-----------------|---------------|
| ■ Ashland | ■ Hayward |
| ■ Castro Valley | ■ San Leandro |
| ■ Cherryland | ■ San Lorenzo |
| ■ Fairview | |

South County

- | | |
|-----------|--------------|
| ■ Fremont | ■ Union City |
| ■ Newark | |

East County

- | | |
|-------------|--------------|
| ■ Dublin | ■ Pleasanton |
| ■ Livermore | |

1.3 Methods Used in This Needs Assessment

Creating an accurate and meaningful assessment of Alameda County's older adult population required a strategic combination of quantitative and qualitative data collection and analysis techniques which, in the aggregate, ensured accuracy, comprehensiveness and objectivity. By utilizing a series of six applied research

methods using new and previously existing data, this needs assessment was to meet high standards of research integrity.

Secondary Data

The initial research method employed by the needs assessment consultants was a thorough review of existing databases, planning documents, special reports and any other information concerning Alameda County's older population which may have informed this needs assessment. The sources which proved to be the most useful were the 1990 U.S. Census and previous Alameda County senior needs assessments compiled by the Area Agency on Aging. In addition to these, a number of special reports and planning studies proved to be especially valuable.

Survey of the Older Population

The centerpiece of this needs assessment was a telephone survey of Alameda County residents aged 55 and older. Approximately 98% of senior households have telephones. A total of 775 interviews were conducted randomly using a random-digit-dial technique. No efforts were made to conduct interviews with individuals in residential placement (hospitals, nursing facilities) at the time of the survey in January and February, 1994. Widely experienced with human services telephone survey work locally and nationally, the Survey Methods Group conducted interviews in English and Spanish at various times of the day and early evening in order to truly randomize the final survey sample.

With a sample size of 775, the aggregate results of the survey achieve a confidence level of 95 percent. This means that the researchers can be 95% certain that the survey results accurately reflect the entire noninstitutionalized population of persons age 55 or older in households with telephones throughout Alameda County. In addition, this sample size permits a confidence interval of plus or minus four points which represents the variation on any individual statistic reported from the telephone survey. When less than the complete sample of 775 is used for analytic purposes, statistical confidence is reduced. The survey data in Chapter Three are based on smaller sub-samples and do not meet minimum standards of statistical reliability. Use these data for descriptive purposes only.

The survey protocol was designed by the consultants and the Needs Assessment Oversight Committee as a key component of the overall needs assessment strategy. The survey was reviewed by the staff of the Survey Methods Group, modified slightly, pretested and fielded over an eight week period. A total of 37 questions comprised the final survey protocol with an average completion time of fifteen minutes.

Key Informant Interviews

In order to obtain a wide array of information, insights and perspectives on the current and future needs of the County's 55+ population, the needs assessment design included provisions for interviews with a series of Key Informants. A total of 81 interviews were conducted by volunteers and consultant staff with older adults, elder advocates, informal caregivers, service providers, elected officials, ethnic community leaders and others. Each member of the Alameda County Board of Supervisors was interviewed for this needs assessment as were a selection of mayors, city councilors and other local officials. The identification of prospective Key Informants was completed by the Oversight Committee with special attention to geographic and racial/ethnic balance.

To be certain that comparable types of information were obtained from each of the 81 Key Informants, the Oversight Committee, with assistance from the project consultants, developed a structured but flexible interview guide which focused on a host of issues including: future concerns about older adults; priority service needs now and in the future; barriers to service; isolation and underserved populations and areas; future resource expectations; service system functioning; and the needs of family caregivers. A total of six interviewers conducted the 81 interviews and reported findings using a standard Key Informant Debriefing Form to ensure consistency in reporting these data.

Community Meetings

Directly hearing the voice of the community was a hallmark of this needs assessment process, as designed by the Oversight Committee. Accordingly, a series of four open community meetings was held in Pleasanton, Fremont, Oakland and Hayward. These meetings were conducted to permit older adults, caregivers, advocates, providers and other concerned individuals to provide their views on needs, resources, priorities and strategies. This series of meetings was intended to focus on the unique circumstances of each of Alameda County's four major geographical areas with respect to persons 55 and older.

Attendance at these meetings totalled 160. Totals by site were:

Pleasanton (East County)	Jan. 26, 1994	Attendance: 10
Fremont (South County)	Jan. 27, 1994	Attendance: 60
Oakland (North County)	Feb. 4, 1994	Attendance: 70
Hayward (Central County)	Feb. 10, 1994	Attendance: 20

The community meetings were held in public facilities (senior centers, libraries) which met accessibility standards, at times which were considered to be convenient for older

adults, and near public transit where possible.

To add structure to these meetings as opportunities for data collection, consultants used a series of five questions, with sufficient time for general comments and concerns.

Focus Groups

As it designed the parameters of the needs assessment, the Oversight Committee expressed interest in looking at a series of population groups, services and issues in greater depth. Accordingly, a series of 15 focus groups was designed and conducted as a key component of the overall data collection strategy. Eight of these groups were facilitated by the project consultants, another seven by volunteers selected and trained by the consultants. The focus groups addressed the following topics (attendance is reported in parentheses):

■ Case Managers and Hospital Discharge Planners	(19)
■ Senior Housing Managers	(7)
■ Pre-Retirement	(6)
■ Public Safety Employees	(9)
■ Informal Care Providers	(9)
■ Paratransit and Meal Delivery Drivers	(7)
■ African American Women Over 75 and Living Alone	(2)
■ Gay, Lesbian and Bisexual	(11)
■ Chinese Seniors (Cantonese)	(38)
■ Afghani Seniors	(8)
■ Vietnamese Seniors	(15)
■ Spanish-speaking Seniors	(50)
■ Filipino Seniors	(8)
■ East Indian Seniors	(28)
■ African-American Seniors in East Oakland	(61)

These focus groups permitted guided discussions of experiences and perceptions about specific community issues or needs relevant to older adults in Alameda County. Some of these groups brought together older adults or family

caregivers while others convened service professionals. Several groups were recruited by specific invitation for regional and ethnic balance and to ensure that invitees had the experience or perspective necessary for effective participation. Other groups, largely those involving elders and caregivers, utilized a strategy of open invitation to encourage inclusiveness and active involvement.

Two sets of discussion questions, developed by the Consultant and the Oversight Committee, ensured that comparable types of information were obtained from the focus groups in a consistent and reliable manner. The first set of questions was designed for provider-oriented groups; the second for those groups with consumers (older adults or caregivers).

Community Response Forms

The first five methods of the needs assessment, described above, promised to provide a detailed and comprehensive picture of older adults, but in reviewing the mix of data collection methods, the project consultants and the Oversight Committee noticed a void: the opportunity to hear directly from older adults or caregivers who were unable to come to community meetings or focus groups. Certainly the telephone survey would capture some of this isolated or mobility-limited population, but their needs and concerns could require more depth and flexibility than is permitted in scientific telephone surveys.

To address this gap, a Community Response Form was developed with four questions on a single sheet of paper. Forms were printed in English and Spanish and at least one provider agency translated the form into Cantonese. The blank, mail-back forms were distributed widely at all community meetings and focus groups and members of the Oversight Committee also distributed the forms at service agencies, senior centers, libraries and other locations. No effort was made to treat this source of information as a strategic sample. The purpose was to provide another mechanism for obtaining client-centered information on needs, barriers and concerns.

A total of 208 Community Response Forms was received. Of these, 163 were completed in English; 25 in Spanish and 20 in Cantonese. Many of the quotations used in this report to humanize the needs assessment findings were obtained from the Community Response Forms.

1.4 Limitations of the Needs Assessment Methods

Any single method of collecting data carries with it some intrinsic limitations. By using more than a single method, limitations in one approach can be offset by the strengths in others. The needs assessment design called for the use of quantitative as well as qualitative data collection methods which were able to complement one another. Nevertheless, the inherent limitations of each data collection method ought to be understood in order to accurately interpret and apply these needs assessment findings.

The **telephone survey** represented the most effective means of gathering information and opinions from the 55 and older population of Alameda County, excluding those in residential facilities. Thus, the survey findings apply only to older adults who speak some level of English or Spanish in households with a private telephone. (A total of 19 interviews were conducted in Spanish.) This survey approach, then, excludes individuals without telephones (a small but potentially poor and isolated group) and individuals who cannot speak some level of English or Spanish. Among the groups for whom the language limitation of the survey is potentially significant are: Asian and Southeast Asian elders; Afghani and Middle Eastern elders; Russian émigrés; and other ethnic elders who are non-English speaking. The telephone survey methods were designed to achieve reliable degrees of statistical significance and inferences to the County's 55+ population (with the above-noted exceptions) can be made with confidence.

When the survey data is broken down into age, region, ethnicity and other categories, the statistical certainty of that data is reduced, sometimes significantly depending on sample size, from the higher standards created for the entire sample of 775 respondents. This is especially true with the descriptive data presented in Chapter Three.

The **Key Informant Interviews** obtained perceptual and other types of subjective information from a large and diverse group of respondents, each of whom made every effort to be objective and thorough in these discussions. Naturally, each of these individuals will perceive the older adult population and their needs somewhat uniquely, based on their own experiences, roles and values. By utilizing a large group (81 in this needs assessment) of Key Informants, no single individual's perspective can bias the overall findings. Indeed, with such a large number of Key Informants, this assessment was able to explore senior needs and concerns in depth and from many diverse perspectives.

The **focus groups** conducted for this needs assessment relied exclusively on the perceptions and opinions of participants. In many cases, the selection of these participants was opportunistic; in others, strategic decisions about representation and diversity led to the deliberate selection of participants. In both cases, the results of the focus groups are determined by who participates. With multiple groups (15 in this needs assessment) and diverse representation, the focus groups can provide a depth of understanding unequalled by other data collection methods. Similar limitations apply to the **community meetings**.

In other community-driven studies of senior needs, the resulting reports often acknowledge a limitation which this process overcame: obtaining the perspective of elders in focus groups only from those already involved with, or directly connected to, formal senior services. In this assessment, many of the consumers participating in focus groups (and in the community meetings) were themselves in need of services

and, in some cases, living independently only with the most fragile informal support systems. Because of their involvement, the information contained in this report includes a solid grounding in the day-to-day realities of living in Alameda County as an older adult.

The **secondary data** used in this needs assessment were obtained from a number of sources using distinct data collection and analysis techniques. This needs assessment process could not independently verify the accuracy of this information, but every effort was made to use only the most reliable data from responsible sources.

The final method used in the needs assessment to gather information was the **Community Response Forms**. These forms, created in English and Spanish (and translated into Cantonese in parts of the north area of the county) also relied on an informal, though extensive, dissemination strategy. The results are not statistically reliable. Instead, they provide valuable, anecdotal, "real world" information to be included in the overall analysis of needs and priorities presented in this report.

With the use of a mix of data collection methods in a single, integrated approach, this needs assessment aimed to achieve a high level of comprehensiveness while retaining the integrity of the data collection methods.

1.5 Using This Report

This document represents the findings and conclusions of the needs assessment, using data generated by the six methods described above. In the next chapter, data from the U.S. Census and previous Alameda County needs assessment studies are combined with data from the recent telephone survey of persons 55 and older to create a profile of the current older adult population in Alameda County and each of the four major geographical sub-regions as well as projections for the future. Chapter Three presents selected data from the 1994 Senior Survey. Chapter Four of this report describes the major Countywide themes and trends in the findings of the needs assessment. Chapter Five presents the analysis of senior service needs for the County while Chapter Six presents the senior service priorities associated with those needs. Chapter Seven looks at needs and resources from a regional perspective. In Chapter Eight, the results of the needs assessment which are specific to sub-groups of the older population are explored. Chapter Nine looks critically at issues related to the system of delivering community-based aging services in Alameda County.

Chapter Two

A Profile of the Older Adult Population in Alameda County

2.1 Introduction

This chapter of the needs assessment report assembles information from several sources to describe the current older adult population in Alameda County. Two principal sources are used in this chapter: the 1990 U.S. Census and the 1994 survey of older adults in Alameda County which was conducted specifically for this needs assessment. In the exhibits which follow, the age categories vary, reflecting differences among information sources. Data from the 1994 survey was obtained from County residents age 55 or older. Reported Census data uses ages 60 and 65 for its analyses. Each exhibit is labeled clearly with the age parameters of the data.

In order to ensure that the random telephone survey reached a representative cross-section of Alameda County's 55+ population, demographic data from the 1994 survey and the 1990 U.S. Census are compared in Exhibits 2-1, 2-2 and 2-3.

Exhibit 2-1

**Alameda County
Race/Ethnicity 55+
Responses of 1994 Senior Needs Assessment Survey
and Actual County Breakdowns**

Race/Ethnicity	Percent of County N=230,174	Percent of Survey N=745
White	63.9	67.8
Black	15.2	14.9
Hispanic	8.8	10.2
Asian/Pacific Islander	11.7	4.8
Native American	0.3	1.3
Other	0.1	0.9

Source: 1994 Senior Needs Assessment
1990 U.S. Census - STF 2A
Alameda County Area Agency on Aging, Area Plan, June 1993

Exhibit 2-2

**Alameda County
Age Groups 55+
Responses of 1994 Senior Needs Assessment Survey
and Actual County Breakdowns**

Age Groups	Percent of County N=230,174	Percent of Survey N=760
55 to 64	41.0	39.3
65 to 74	34.4	36.2
75 and over	24.6	24.5
Total	100%	100%

Source: 1994 Senior Needs Assessment
1990 U.S. Census - STF 1

Exhibit 2-3

**Alameda County
County Regions 55+
Responses of 1994 Senior Needs Assessment Survey
and Actual County Breakdowns**

Region	Percent of County N=230,174	Percent of Survey N=715
North	47.7	50.1
Central	29.4	24.6
South	15.6	16.2
East	7.3	9.1
Total	100%	100%

Source: 1994 Senior Needs Assessment
1990 U.S. Census - STF 1

The data in the above three exhibits indicate that the survey sample achieved a solid degree of representativeness. Age-group matches were almost exact; the ethnic breakdown undersampled Asian/Pacific Islander seniors; and the Central County area was somewhat underrepresented among survey respondents. With these notes, the survey data represent a valuable and timely source of information on Alameda County's residents age 55 or older.

Only a fraction of the statistical analyses of the telephone survey data can be included in this report. The data Appendix includes additional charts which examine regional, racial/ethnic and age-group differences.

2.2 Population Trends, Ethnicity and Age Groups

Exhibit 2-4

Alameda County Population Trends 55+ 1960 - 2020			
Year	Total 55+	% of County Population	% of 55+ Racial/Ethnic Minority
1960	164,485	18.1	8.7
1970	191,295	17.8	14.6
1980	217,803	19.7	23.0
1990	230,174	17.9	36.1
2000	282,128	19.4	41.2
2010	401,328	25.7	44.3
2020	533,945	32.1	49.2

Source: 1960, 1970, 1980, U.S. Census
1990 U.S. Census - STF 2B
California Department of Finance Projections

The data contained in Exhibit 2-4 indicate significant and steady growth in Alameda County's 55+ population historically and as projected for the next three decades. Between 1960 and 1990, the 55+ population grew by approximately 65,000 individuals. Comparable growth rates in the younger population kept the proportion of persons 55+ at about eighteen percent of the County's total population. Projections from the California Department of Finance indicate that both in terms of absolute numbers and as a percentage of the overall County population, the 55+ age group will grow dramatically with the aging of the "baby boom" generation.

Exhibit 2-5

Alameda County Population Trends 55+ (Estimates) 1990 - 2020			
Age Group	1990 Population	% Change 1990 - 2000	% Change 1990 - 2020
55 to 64	94,394	31.7	151.9
65 to 74	79,271	2.7	126.4
75 to 84	42,624	31.5	91.8
85+	13,885	46.4	151.8
Total 55+ Population	230,174	22.6	132.0

Source: 1960 U.S. Census
1990 U.S. Census - STF 2B
1994 California Department of Finance Projections

The data in Exhibit 2-5 indicate that the greatest rate of growth within the 55+ population in Alameda County will occur in the oldest and youngest age groups. Between 1990 and 2020, the California Department of Finance estimates that the 55 to 64 age group will grow by 151.9% and the 85+ age group by 151.8 percent.

Exhibit 2-6

Alameda County 60+ Population by Region 1960 -1990

Area	1960		1970		1980		1990	
	Number	% of Total	Number	% of Total	Number	% of Total	Number	% of Total
North	95,632	79%	98,164	70%	92,742	58%	89,886	49%
Central	19,541	16%	30,276	22%	44,215	28%	54,443	30%
South	3,707	3%	7,506	5%	15,545	10%	25,579	14%
East	2,917	2%	4,721	3%	8,112	5%	12,190	7%
Total	121,797	100%	140,667	100%	160,614	100%	182,098	100%

Source: 1960, 1970, 1980, & 1990 U.S. Census -- STF 1A
Alameda County Area Agency on Aging, Area Plan, June 1993

The data in Exhibit 2-6 reflect growth in the number of age 60+ residents in the Central, South and East portions of Alameda County from 1960 to the present.

Exhibit 2-7

Alameda County
Percent of 60+ Population by Planning Region & Ethnicity
1990

Race/Ethnicity	County	North	Central	South	East
White	118,564 (65.1%)	46,966 (52.3%)	43,529 (80.0%)	17,203 (67.3%)	10,866 (89.1%)
Black	27,684 (15.2%)	26,105 (29.0%)	1,048 (1.9%)	429 (1.7%)	102 (0.8%)
Hispanic	14,890 (8.2%)	5,111 (5.7%)	5,888 (10.8%)	3,233 (12.6%)	658 (5.4%)
Asian/Pacific Islander	20,244 (11.1%)	11,355 (12.6%)	3,745 (6.9%)	4,614 (18.0%)	530 (4.3%)
Native American	536 (0.3%)	247 (0.3%)	184 (0.3%)	74 (0.3%)	31 (0.3%)
Other	180 (0.1%)	102 (0.1%)	49 (0.1%)	26 (0.1%)	3 (0.0%)
Totals	182,098 (100%)	89,886 (100%)	54,443 (100%)	25,579 (100%)	12,190 (100%)

Source: 1990 U.S. Census - STF2A
Alameda County Area Agency on Aging, Area Plan, June 1993

The data in Exhibit 2-7 tell us that, in 1990, about half (49.4%) of Alameda County's 60+ population resided in the North County area. Central County accounted for approximately thirty percent, South County fourteen percent, and East County seven percent of the 60+ age group. Overall, racial and ethnic minorities constituted 34.9% of the County's 60+ population in 1990, but these proportions varied widely (47.7% in North County to 10.9% in East County).

Exhibit 2-8

Alameda County
Percent of 60+ Population by Planning Region & Age Group
1990

Age Group	County	North	Central	South	East
60 to 74	125,589 (69.0%)	58,658 (65.3%)	38,760 (71.2%)	19,230 (75.2%)	8,941 (73.3%)
75 to 84	42,624 (23.4%)	23,086 (25.7%)	12,202 (22.4%)	4,845 (18.9%)	2,491 (20.4%)
85 +	13,885 (7.6%)	8,142 (9.0%)	3,481 (6.4%)	1,504 (5.9%)	758 (6.2%)
Totals	182,098 (100%)	89,886 (100%)	54,443 (100%)	25,579 (100%)	12,190 (100%)

Source: 1990 U.S. Census - STF2A
Alameda County Area Agency on Aging, Area Plan, June 1993

The data in Exhibit 2-8 indicate that the North County area includes the highest number and proportion of persons age 85+. Overall, the South County area includes the youngest cohort of older adults in Alameda County.

2.3 Income, Poverty and Employment

Exhibit 2-9

Alameda County Annual Income of Households Age 55+ 1989			
Income Range	55 to 64	65 to 74	75+
Less than \$5,000	3.6	4.7	7.2
\$5,000 to \$14,999	11.5	24.8	40.2
\$15,000 to \$49,999	44.7	51.6	41.9
\$50,000 and over	40.2	18.8	10.7
Total	55,644 (100%)	50,328 (100%)	35,923 (100%)

Source: 1990 U.S. Census - STF 3A

Data from the 1990 U.S. Census, summarized in Exhibit 2-9 provide an overview of the incomes of Alameda County's population aged 55 and older. Income is clearly age-related. The percentage of older adult heads of households with incomes below \$15,000 increases from 15.1% of the 55 to 64 age group (most of whom are employed) to 29.5% of the 65 to 74 group and to 47.4% of persons age 75 or older. Incomes above \$50,000 annually decrease from 40.2% of the 55 to 64 group to 10.7% of those 75 or older.

Exhibit 2-10

Alameda County Income Levels of Singles & Couples: Age 55+				
Income Level	Singles Monthly Income Standard	Singles (N = 349)	Couples Monthly Income Standard	Couples (N = 293)
Above County Low Income*	-	54.2%	-	67.6%
Exactly County Low Income	\$934	2.3%	\$1,693	2.4%
Below County Low Income, Above County Very Low Income	-	11.7%	-	8.5%
Exactly County Very Low Income	\$779	1.4%	\$1,411	3.8%
Below County Very Low Income, Above SSI	-	9.7%	-	6.5%
Exactly SSI	\$623	3.4%	\$1,129	2.4%
Below SSI	-	17.2%	-	8.9%

* Defined by US Department of Housing and Urban Development
Source: 1994 Senior Needs Assessment Survey

Another perspective on the financial situation of Alameda County's older adult population is contained in Exhibit 2-10, above. Using criteria tied to statewide and local poverty and income support standards, these data indicate that fully 20.6% of single persons 60 or older and 11.3% of older couples have incomes at or below the Supplemental Security Income (SSI) level of \$623 per month (singles) or \$1,129 per month (couples). A cumulative total of 45.7% of single elders and 32.5% of older couples have 1994 incomes at or below the Alameda County low income standard.

Exhibit 2-11

Alameda County Monthly Income Levels by Region: Age 55+

		Regional %			
Individual's Income Level	County* (N=349)	North (N=195)	Central (N=77)	South (N=35)	East (N=23)
Above County Low Income (\$934.01 and above)	54.2	52.8	58.4	60.0	47.8
At or Below County Low Income (\$779.01 to \$934.00)	14.0	12.3	19.5	14.3	13.0
At or Below County Very Low Income (\$623.01 to \$779.00)	11.1	11.3	7.8	5.7	17.4
At or Below SSI (\$0 to \$623.00)	20.6	23.6	14.3	20.0	21.7
Total	100%	100%	100%	100%	100%
Couple's Income Level	County* (N=293)	North (N=109)	Central (N=76)	South (N=65)	East (N=34)
Above County Low Income (\$1,693.01 and above)	67.6	64.2	69.7	64.6	85.3
At or Below County Low Income (\$1,411.01 to \$1,693.00)	10.9	8.3	9.2	16.9	8.8
At or Below County Very Low Income (\$1,129.01 to \$1,411.00)	10.3	7.3	13.2	12.3	5.9
At or Below SSI (\$0 to \$1,129.00)	11.3	20.2	7.9	6.2	0.0
Total	100%	100%	100%	100%	100%

* "N" will not sum up to county total as a result of some respondents not indicating region they are in.

** Statistics in this table should be used for descriptive purposes only.

Source: 1994 Senior Needs Assessment Survey

Exhibit 2-12

Alameda County Persons 55+ at or Below 100% of Poverty* and at or Below 125% of Poverty 1989				
	Persons 55+ at or Below 100% of Poverty*		Persons 55+ at or Below 125% of Poverty*	
White	7,749	(4.9%)	13,345	(8.4%)
Black	5,364	(15.1%)	8,598	(24.1%)
Native American	82	(8.7%)	162	(17.2%)
Asian Pacific Islander	2,221	(8.0%)	3,573	(12.9%)
Other	784	(11.9%)	1,196	(18.2%)
Total	16,200	(7.0%)	26,874	(11.7%)
Hispanic**	1,698	(8.4%)	2,825	(13.9%)

* Census defines poverty as: single - \$5,947 (\$496/mo); couple - \$7,501 (\$625/mo)

** Duplicate count.. Persons of Hispanic origin may be of any race

Source: California Department of Aging, 1990 U.S. Census STF 3

In Exhibit 2-12, above, 55+ poverty data from the 1990 U.S. Census indicates that seven percent of the County's 55+ population falls below the federal poverty level and almost twelve percent below the standard set at 125% of the federal poverty level. Poverty rates are lowest among Caucasian elders and highest for African-American older adults. The nationwide poverty standard seriously underrepresents true poverty in most high cost-of-living areas such as Alameda County and should be viewed as an indicator of the most economically at-risk portion of the County's older population.

Exhibit 2-13

Alameda County
Sources of Monthly Income, Age 55+
1994
N=767

Sources	% of Responses
Social Security	54.7
Supplemental Security Income (SSI)	4.4
Employment Wages/Salary	28.3
Retirement Income	38.6
VA or Military Pension	3.7
Disability Benefits	3.1
Unemployment Compensation	0.9
Money From Family Members	1.0
Private Rental Income, Investments, or Savings	14.5
Other	0.4

Source: 1994 Senior Needs Assessment Survey

The 1994 senior survey asked persons 55 or older to indicate their sources of income (multiple responses were permitted) and the results are presented in Exhibit 2-13 above. Over one-half (54.7%) of County residents 55+ indicated that Social Security was a source of income. Another 38.6% receive retirement income, mostly private pensions. Nearly one-third (28.3%) indicated receiving wages or a salary. Only 4.4% of respondents indicated Supplemental Security Income (SSI) as an income source which, when contrasted with other income data in previous exhibits, may suggest that many SSI-eligible elders are not receiving their entitled benefits.

Exhibit 2-14

Alameda County Employment Status by Age Group 55+ N = 767				
Status	County	55-64 (N=294)	65-74 (N=272)	75+ (N=184)
Employed	27.9	53.7	15.4	6.5
Not Employed	10.7	16.7	7	2.7
Retired	61.4	29.6	77.6	90.8
Total	100%	100%	100%	100%

Source: 1994 Senior Needs Assessment Survey

The 1994 survey of persons 55 or older asked about current employment status. As the data in Exhibit 2-14, above, indicate, just over three in five (61.4%) of respondents indicated that they were retired; 27.9% were employed full-time or part-time; and, interestingly, 10.7% indicated that they were neither employed nor retired, many of whom were seeking partial or full employment. Of county residents employed full or part time, approximately three - fourths (74.5%) are under 65.

2.4 Housing and Tenure

Exhibit 2-15

Alameda County Residence Statistics Age 55+ N = 775	
Mean Years in Residence	23.7
Mean Years in Alameda County	40.2

Source: 1994 Senior Needs Assessment Survey

As the data in Exhibit 2-15, above, indicate, Alameda County residents aged 55 or older reported that they have resided, on average, 23.7 years in their current residence and 40.2 years in Alameda County. This data supports the notion of a resident older population that is "aging in place".

Exhibit 2-16

Alameda County Type of Residence: Age 55+ N = 762	
Type of Residence	% of Responses
Single Family Home	72.0
Apartment/Condominium	19.4
Mobile Home	3.3
Senior Housing Complex	4.7
Board and Care Unit	0.3
No Permanent Residence	0.3
Total	100%

Source: 1994 Senior Needs Assessment Survey

Respondents to the 1994 survey of residents age 55 or older were asked about their current type of residence and the results are summarized in Exhibit 2-16, above. Nearly three-quarters (72.0%) of respondents lived in single family homes; another 19.4% in an apartment or condominium.

2.5 Health and Functioning

Exhibit 2-17

Alameda County Self Reported Health Status: Age 55+ N = 765	
Health Status	% of Responses
Excellent	30.6
Good	43.7
Fair	20.0
Poor	5.7
Total	100%

Source: 1990 Senior Needs Assessment Survey

A generally-recognized indicator of the health of older adults can be found in self-reported health status. As the data in Exhibit 2-14 indicate, nearly three-quarters (74.3%) of respondents to the 1994 senior survey rated their current health as good or excellent. One-quarter of respondents felt that their health was poor or fair. Rates of fair or poor health were higher among residents age 75 or older and for racial and ethnic minority older adults.

Exhibit 2-18

Alameda County Activity Limitations: Age 55+			
	Transportation (N = 766)	Crime/Violence (N = 765)	Language (N = 753)
No Limitation	655	510	708
Limitation	111 (14.5%)	255 (33.3%)	45 (6.0%)
Frequently	46.7%	36.1%	22.7%
Occasionally	41.1%	37.0%	47.7%
Seldom	12.2%	26.9%	29.5%

Source: 1994 Senior Needs Assessment Survey

Three issues were identified in community meetings and focus groups as factors which limit the daily activities of older adults in Alameda County. 1994 senior survey respondents were asked whether transportation, crime/violence or language affected their abilities to conduct daily activities. Crime and violence were cited by one-third (33.3%) of respondents as an activity-limiting problem. This was followed by transportation problems, which limit the daily activities of 14.5% of the 55+ population. Problems with language were reported by 6.0% of respondents as a reason that they limit their daily activities.

Exhibit 2-19

Alameda County Population 65+ by Functional Impairments* 1990

Area	Population 65+ Functionally Impaired*	% of Population 65+ Functionally Impaired
North	15,171	21.9
Central	6,672	16.4
South	3,372	19.4
East	1,369	16.4
Total	26,584	19.6%

Source: 1990 U.S. Census - STF 3A

Alameda County Area Agency on Aging Area Plan, June 1993

*Functional Impairments includes Mobility and/or Self-Care Limitations

Data in Exhibit 2-19 indicate that nearly one in every five Alameda County residents age 65 or older experiences some level of functional impairment. Rates are somewhat higher in the North County area, largely the result of higher proportions of 75+ and racial/ethnic minority elders, both of whom experience poorer health and functionality than the senior population as a whole.

2.5 Marital Status and Living Arrangements

Exhibit 2-20

Alameda County Marital Status of Older Adults: Age 55+ N=775	
Marital Status	% of Responses
Married	46.9
Not Married, Living with a Partner	1.8
Widowed	29.4
Seperated	3.0
Divorced	10.5
Single, Never Married	7.9
Other	0.6
Total	100%

Source: 1994 Senior Needs Assessment

The above data in Exhibit 2-20 indicate that in nearly one half (48.6%) of the older adult population in Alameda County are living with a spouse or partner and more than half are single. However, almost one-third (29.4%) of persons 55 and older in Alameda County are widowed and another 22% are not currently living with a spouse or partner.

Exhibit 2-21

Alameda County Older Adults Living Alone by Region: Age 55+ N=775					
Living Status	County	North	Central	South	East
Living Alone	32.4	40.2	26.7	21.6	24.6
Not Living Alone	67.6	59.8	73.3	78.4	75.4
Total	100%	100%	100%	100%	100%

Source: 1994 Senior Needs Assessment Survey

Exhibit 2-22

Alameda County Older Adults Living Alone by Age Group N=775				
Living Status	County	55 to 64	65 to 74	75 and over
Living Alone	32.4	24.7	30.5	47.3
Not Living Alone	67.6	75.3	69.5	52.7
Total	100%	100%	100%	100%

Source: 1994 Senior Needs Assessment Survey

The data in Exhibits 2-21 and 2-22 reveal that almost one third (32.4%) of older adults in Alameda County are living alone. The percentage of older adults living alone increases proportionately with age. For the youngest residents of the County's older adult population, approximately one quarter reported living alone. For seniors 75 and older the percentage increases to nearly one half (47.3%) of all respondents. This is indicative of the loneliness and isolation experienced by many of the oldest and most frail members of the older adult population. The northern region of Alameda County has the highest proportion of older adults living alone.

2.7 Isolation and Informal Caregiving

Exhibit 2-23

Alameda County Self Reported Loneliness & Isolation: Age 55+ N = 771	
	% of Responses
Have enough contact with friends, family and neighbors	93.5
Does not have enough contact with friends, family and neighbors	6.5

Source: 1994 Senior Needs Assessment Survey

The issue of isolation was repeatedly identified in this needs assessment as a serious risk factor for older persons. In the 1994 senior survey, 6.5% of respondents age 55 or older reported insufficient contact with family members, neighbors or friends, as Exhibit 2-23 indicates. This type of isolation increased with advancing age.

Exhibit 2-24

Alameda County Person Who Senior Would Turn to For Help: Age 55+ N = 775	
Source of Assistance	% of Responses
Children	37.8
Spouse	22.6
Other Relative	19.0
Friend/Neighbor	11.6
Other	9.0

Source: 1994 Senior Needs Assessment Survey

When asked to whom they would turn for assistance with a health or other problem, 1994 senior survey respondents most often identified their children (37.8%), a spouse (22.6%), other relatives (19.0%) and friends/neighbors (11.6%). Other sources of support included churches, social clubs/fraternal organizations and other informal community groups.

Exhibit 2-25

Alameda County Informal Care Provided: Age 55+ N = 165	
Provide Care For	% of Responses
Spouse	30.2
Children	20.3
Grandchild	13.7
Friend	10.4
Parent	9.3
Other Relative	6.7
Other	6.7
Sibling	2.7

Source: 1994 Senior Needs Assessment Survey

The data in Exhibit 2-25 indicate that 165 of 775 respondents (21.3%) provide informal care to a relative or another person. Of these, nearly one-third (30.2%) assist a spouse, 20.3% provide help to a child, 13.7% to a grandchild and 9.3% to a parent. Assistance to other relatives, friends, siblings or another person accounted for 26.5% of those providing informal care.

2.8 Hunger

Concerns about hunger in Alameda County's older adult population arose in community meetings, focus groups and on community response forms. The 1994 Senior Survey asked the 775 randomly-selected respondents if they recently had experienced a problem getting enough to eat. Exhibits 2-26, 2-27, and 2-28 present the results by region, age group and ethnicity, respectively.

Exhibit 2-26

**Alameda County
Percent of Persons
Not Getting Enough to Eat
By Region
N = 715**

	North (N = 358)	Central (N = 176)	South (N = 116)	East (N = 65)
Percent Not Getting Enough to Eat	5.0%	1.1%	2.6%	1.5%

Source: 1994 Alameda Senior Needs Assessment Survey

Exhibit 2-27

**Alameda County
Percent of Persons
Not Getting Enough to Eat
By Age Group
N = 760**

	55 to 64 (N = 299)	65 to 74 (N = 275)	75+ (N = 186)
Percent Not Getting Enough to Eat	4.0%	4.4%	1.6%

Source: 1994 Alameda Senior Needs Assessment Survey

Exhibit 2-28

**Alameda County
Percent of Persons
Not Getting Enough to Eat
By Race/Ethnicity
N = 745**

	White (N = 505)	Black (N = 111)	Hispanic (N = 76)	Native American (N = 10)	Asian (N = 36)	Other (N = 7)
Percent Not Getting Enough to Eat	2.2%	6.3%	7.9%	10.0%	2.8%	0.0%

Source: 1994 Alameda Senior Needs Assessment Survey

Countywide for the 55+ population, 3.5% reported being hungry and the data in these exhibits indicates large proportionate differences in reported hunger by region, with 5.0% of North County residents compared to 1.1% of respondents indicating a problem getting enough to eat. The oldest age group reported significantly lower hunger rates, perhaps because of higher rates of participation in food and meals programs (see Chapter Three). Caucasian and Asian/Pacific Islander respondents reported lower rates of hunger than did African Americans, Hispanics, and Native Americans.

2.9 Conclusions

This "snapshot" of Alameda County's older adult population encompasses a diversity with respect to age group, income, race/ethnicity, health status and functional ability. The information presented in this chapter is intended to establish a common, communitywide database for use by providers, planners, advocates and policymakers as they make decisions regarding the allocation of scarce senior-serving resources in Alameda County.

Chapter Three

Selected Data From the 1994 Survey of Older Adults

3.1 Introduction

The centerpiece of this senior needs assessment was the telephone survey of 775 randomly-selected Alameda County residents aged 55 and older. This rich resource includes considerable data which can be used by providers, advocates, planners, funders and policymakers to set priorities, address service system issues and allocate increasingly scarce resources.

This chapter presents additional data from the telephone survey regarding service utilization, needs and barriers to obtaining needed assistance. Because a number of factors affect the type, level and distribution of needs in Alameda County's older adult population, the survey data presented in this chapter is represented by: geographic area of the county, age group, and ethnicity. The hope is that this more detailed analysis can better inform decision making.

The information presented in this chapter must be considered with two important caveats. First, the service use and need data does not meet tests of statistical significance because of the comparatively small numbers reported. These data are useful, however, in a descriptive way and do provide important insights into important service and need issues for Alameda County's older adults. The second consideration in reviewing the data in this chapter is recognizing that the telephone survey was one of six data collection methods employed in this needs assessment. Information from many other sources were combined with this survey data to draw the conclusions and to establish the priorities presented in subsequent chapters of this report.

3.2 Service Use and Unmet Needs

A core element of this 1994 senior survey was determining service use rates and approximations of unmet needs.

Exhibit 3-1

Alameda County Services Provided: Age 55+ N=775		
Service	% Now Utilized	% Unmet Need
Information on Services	21.4	13.8
Senior Transportation	8.5	5.8
Home Delivered Meals	3.5	1.9
Senior Meals Program	5.5	1.9
Housing	17.7	2.4
Legal Help	20.4	5.7
Household Repairs	24.3	10.9
Housekeeping Yard Work	25.4	8.0
Personal Attendant Care	3.6	1.5
Someone to talk to	43.2	5.0
Senior Center Activities and Services	19.9	6.4
Enough money to live on	38.3	13.6
Health Care	51.6	3.5
Time off from caregiving	5.8	1.9
Money Management	12.5	1.8
Help getting services	12.8	6.2
Translation Services	2.7	0.9
Other	1.3	2.9

Source: 1994 Senior Needs Assessment Survey

Respondents to the 1994 Senior Survey were asked about their current use of formal and informal services and existing unmet needs. As the data in exhibit 3-1 indicates, "having someone to talk to" and getting "enough money to live on" were the most frequently mentioned types of assistance now being received. The most often mentioned unmet needs were: "information on services"; "enough money to live on"; and "household repairs".

Exhibit 3-2

Alameda County Percent of Services Now Utilized by Region (N= 715)				
	North (N= 358)	Central (N= 176)	South (N= 116)	East (N= 65)
Information on Services	19.6%	21.6%	23.3%	33.8%
Senior Transportation	8.4%	6.3%	7.8%	6.2%
Home Delivered Meals	3.6%	2.8%	3.4%	3.1%
Senior Meals Program	5.9%	4.0%	6.0%	0.0%
Housing	19.0%	11.4%	20.7%	21.5%
Legal Help	20.1%	18.8%	23.3%	21.5%
Household Repairs	27.4%	19.3%	25.0%	15.4%
Housekeeping Yard Work	29.1%	22.7%	22.4%	20.0%
Personal Attendant Care	4.5%	2.3%	1.7%	4.6%
Someone to talk to	46.4%	40.9%	40.5%	32.3%
Senior Center Activities and Services	21.5%	17.0%	19.8%	20.0%
Enough money to live on	35.5%	43.2%	43.1%	36.9%
Health Care	51.1%	56.8%	54.3%	43.1%
Time off from caregiving	5.9%	4.0%	8.6%	3.1%
Money Management	12.8%	11.4%	12.9%	10.8%
Help getting services	14.0%	11.9%	12.1%	10.8%
Translation Services	2.2%	2.8%	4.3%	0.0%
Other	0.8%	1.7%	0.9%	3.1%

Source: Analysis of 1994 Alameda Senior Needs Assessment Survey

Exhibit 3-3

Alameda County Percent of Services Now Utilized by Age Group (N= 760)			
	55-64 (N= 299)	65-74 (N= 275)	75+ (N= 186)
Information on Services	16.4%	26.2%	23.7%
Senior Transportation	2.7%	7.3%	19.9%
Home Delivered Meals	2.7%	2.2%	7.0%
Senior Meals Program	2.3%	6.5%	9.7%
Housing	13.0%	18.9%	23.1%
Legal Help	17.4%	18.5%	28.0%
Household Repairs	18.7%	25.1%	32.8%
Housekeeping Yard Work	17.4%	25.5%	37.6%
Personal Attendant Care	2.3%	3.6%	5.9%
Someone to talk to	38.5%	47.3%	44.6%
Senior Center Activities and Services	9.4%	25.1%	29.6%
Enough money to live on	33.1%	42.2%	41.9%
Health Care	43.8%	53.8%	61.3%
Time off from caregiving	5.7%	5.1%	6.5%
Money Management	10.7%	10.2%	19.4%
Help getting services	8.7%	13.1%	19.9%
Translation Services	2.7%	1.8%	4.3%
Other	1.7%	1.8%	0.0%

Source: Analysis of 1994 Alameda Senior Needs Assessment Survey

Exhibit 3-4

Alameda County Percent of Services Now Utilized by Ethnicity (N= 745)						
	White (N= 505)	African American (N= 111)	Hispanic (N= 76)	Native American (N= 10)	Asian (N= 36)	Other (N= 7)
Information on Services	23.4%	18.9%	17.1%	10.0%	16.7%	14.3%
Senior Transportation	9.5%	9.0%	2.6%	30.0%	5.6%	0.0%
Home Delivered Meals	3.0%	3.6%	5.3%	0.0%	0.0%	0.0%
Senior Meals Program	4.8%	5.4%	9.2%	10.0%	8.3%	0.0%
Housing	17.6%	26.1%	11.8%	30.0%	5.6%	0.0%
Legal Help	25.1%	17.1%	11.8%	0.0%	5.6%	0.0%
Household Repairs	25.3%	32.4%	10.5%	20.0%	16.7%	0.0%
Housekeeping Yard Work	28.5%	24.3%	13.2%	20.0%	8.3%	42.9%
Personal Attendant Care	2.8%	5.4%	3.9%	0.0%	5.6%	14.3%
Someone to talk to	41.8%	58.6%	30.3%	40.0%	38.9%	57.1%
Senior Center Activities and Services	23.4%	14.4%	6.6%	20.0%	8.3%	42.9%
Enough money to live on	43.8%	33.3%	26.3%	50.0%	22.2%	14.3%
Health Care	53.0%	53.2%	46.1%	60.0%	36.1%	28.6%
Time off from caregiving	5.5%	7.2%	1.3%	20.0%	5.6%	14.3%
Money Management	14.1%	9.9%	7.9%	20.0%	8.3%	14.3%
Help getting services	13.5%	13.5%	6.6%	20.0%	8.3%	14.3%
Translation Services	1.4%	1.8%	10.5%	10.0%	5.6%	0.0%
Other	1.8%	0.0%	1.3%	0.0%	0.0%	0.0%

Source: Analysis of 1994 Alameda Senior Needs Assessment Survey

The data in the above three exhibits reflect differences in service use patterns by region of the County, age group and ethnicity. Among the findings:

- Geographical variation in use rates is notable in about half of the formal services included in the survey, particularly: information services, meals programs, housing, household repairs, attendant care and translation services. (Exhibit 3-2)
- With only a few exceptions, use of formal services increases with age. Note age-related increases in senior transportation, home-delivered and senior meals programs, senior centers, and help getting services. (Exhibit 3-3)
- When rates of service use are compared by ethnic group, considerable variation can be noted. (Exhibit 3-4)

The following three exhibits present senior survey respondents' perceptions of their personal need for specific services or assistance.

Exhibit 3-5

Alameda County Percent of Services Now Needed by Region (N= 715)				
	North (N= 358)	Central (N= 176)	South (N= 116)	East (N= 65)
Information on Services	14.5%	8.0%	10.3%	6.2%
Senior Transportation	8.1%	2.8%	1.7%	1.5%
Home Delivered Meals	2.0%	1.1%	1.7%	1.5%
Senior Meals Program	2.2%	1.7%	1.7%	1.5%
Housing	2.5%	2.8%	0.0%	0.0%
Legal Help	6.4%	2.8%	4.3%	1.5%
Household Repairs	9.5%	6.3%	8.6%	12.3%
Housekeeping Yard Work	7.0%	5.7%	6.0%	3.1%
Personal Attendant Care	1.7%	0.6%	0.9%	0.0%
Someone to talk to	2.2%	1.7%	6.0%	3.1%
Senior Center Activities and Services	3.6%	6.3%	6.0%	6.2%
Enough money to live on	13.1%	4.5%	6.9%	0.0%
Health Care	2.0%	1.1%	2.6%	1.5%
Time off from caregiving	1.7%	1.7%	1.7%	3.1%
Money Management	2.0%	0.6%	1.7%	1.5%
Help getting services	7.8%	2.8%	3.4%	3.1%
Translation Services	1.1%	0.6%	0.0%	0.0%
Other	3.4%	2.3%	3.4%	0.0%

Source: Analysis of 1994 Alameda Senior Needs Assessment Survey

Exhibit 3-6

Alameda County Percent of Services Now Needed by Age Group (N= 760)			
	55-64 (N= 299)	65-54 (N= 275)	75+ (N= 186)
Information on Services	13.0%	8.7%	10.8%
Senior Transportation	5.0%	3.3%	8.6%
Home Delivered Meals	1.3%	2.5%	1.6%
Senior Meals Program	1.3%	2.5%	1.6%
Housing	1.3%	2.5%	2.2%
Legal Help	5.0%	4.7%	3.8%
Household Repairs	6.7%	9.8%	8.6%
Housekeeping Yard Work	6.4%	5.5%	6.5%
Personal Attendant Care	0.3%	2.9%	1.1%
Someone to talk to	2.7%	3.3%	2.7%
Senior Center Activities and Services	5.7%	5.1%	4.3%
Enough money to live on	7.7%	8.4%	10.2%
Health Care	3.0%	0.4%	0.5%
Time off from caregiving	1.7%	1.8%	1.6%
Money Management	3.0%	0.7%	0.5%
Help getting services	6.0%	4.0%	7.0%
Translation Services	1.3%	1.1%	0.0%
Other	2.3%	2.2%	4.3%

Source: Analysis of 1994 Alameda Senior Needs Assessment Survey

Exhibit 3-7

Alameda County Percent of Services Now Needed by Ethnicity (N= 745)						
	White (N= 505)	African American (N= 111)	Hispanic (N= 76)	Native American (N= 10)	Asian (N= 36)	Other (N= 7)
Information on Services	7.1%	17.1%	18.4%	10.0%	13.9%	28.6%
Senior Transportation	3.2%	9.9%	10.5%	0.0%	11.1%	0.0%
Home Delivered Meals	1.0%	3.6%	3.9%	0.0%	2.8%	14.3%
Senior Meals Program	1.2%	1.8%	5.3%	0.0%	2.8%	0.0%
Housing	0.8%	5.4%	2.6%	0.0%	2.8%	14.3%
Legal Help	2.6%	10.8%	7.9%	0.0%	5.6%	0.0%
Household Repairs	6.3%	10.8%	15.8%	20.0%	5.6%	14.3%
Housekeeping Yard Work	5.0%	9.9%	7.9%	10.0%	5.6%	0.0%
Personal Attendant Care	1.0%	1.8%	3.9%	0.0%	0.0%	14.3%
Someone to talk to	2.8%	2.7%	3.9%	10.0%	2.8%	0.0%
Senior Center Activities and Services	4.8%	6.3%	6.6%	0.0%	11.1%	0.0%
Enough money to live on	2.8%	22.5%	13.2%	20.0%	11.1%	42.9%
Health Care	0.6%	1.8%	3.9%	0.0%	5.6%	28.6%
Time off from caregiving	1.4%	2.7%	3.9%	0.0%	2.8%	0.0%
Money Management	1.0%	1.8%	2.6%	10.0%	2.8%	14.3%
Help getting services	2.6%	9.9%	14.5%	10.0%	5.6%	28.6%
Translation Services	0.2%	1.8%	1.3%	0.0%	8.3%	0.0%
Other	2.4%	2.7%	2.6%	10.0%	2.8%	28.6%

Source: Analysis of 1994 Alameda Senior Needs Assessment Survey

Once again, examining these data on self-perceived needs by region, age and ethnicity reveals important differences. Among them:

- Regional variations in self-expressed need are evident in many service areas. Of note are: information on services, transportation, money to live on (cash assistance) and help getting services. (Exhibit 3-5)
- Little variation in expressed needs by age group was noted. Unlike service utilization data, perceptions of unmet needs age variation is notable in only a few service areas. (Exhibit 3-6)
- Modest variation by ethnicity are reflected in the survey data regarding unmet needs, but again at lower levels than in the data concerning current utilization. (Exhibit 3-7)

3.3 Perceived Barriers to Service

Senior survey respondents were asked about the barriers which limit their access to, and use of, senior services. The most commonly-identified barriers are listed in the three following exhibits. Responses included in "Other" categories often were client- or situation-specific. Overall, cost and lack of service information and awareness were the most commonly cited barriers.

Exhibit 3-8

Alameda County Percent of Barriers to Services by Region

Barriers	North (N = 303)	Central (N = 89)	South (N = 75)	East (N = 27)
Language	2.3	4.5	2.7	0.0
Cost	21.8	23.6	20.0	22.2
Transportation/Distance	2.3	5.6	0.0	0.0
Cannot Locate/Don't know Where to Look	18.4	12.4	20.0	11.1
Reluctance/Fear	3.3	0.0	1.3	0.0
Don't Feel Entitled	1.0	2.2	2.7	0.0
Unaware of Service	20.5	18.0	14.7	18.5
Too Long to Wait	1.7	3.4	0.0	0.0
Not Available in Area	4.3	4.5	1.3	11.1
Other	24.4	25.8	37.3	37.0
Total	100%	100%	100%	100%

Source: Analysis of 1994 Alameda Senior Needs Assessment Survey

Exhibit 3-9

Alameda County Percent of Barriers to Services by Age Group

Barriers	55 to 64 (N = 199)	65 to 74 (N = 178)	75+ (N = 135)
Language	2.0	3.9	2.2
Cost	16.6	25.3	16.2
Transportation/Distance	4.0	2.8	4.4
Cannot Locate/Don't Know Where to Look	22.1	14.6	16.3
Reluctance/Fear	1.0	2.2	4.4
Don't Feel Entitled	0.5	2.8	1.5
Unaware of Service	22.1	15.7	19.3
Too Long to Wait	1.5	2.2	2.2
Not Available in Area	2.5	5.1	6.7
Other	27.6	25.3	26.7
Total	100%	100%	100%

Source: Analysis of 1994 Alameda Senior Needs Assessment Survey

Exhibit 3-10

Alameda County Percent of Barriers to Services by Race

Barriers	White (N = 222)	Black (N = 124)	Hispanic (N = 94)	Native Amer. (N = 10)	Asian (N = 37)	Other (N = 14)
Language	3.2	3.2	1.1	0.0	5.4	0.0
Cost	19.4	27.4	17.0	30.0	13.5	21.4
Transportation/Distance	4.5	2.4	4.3	0.0	5.4	0.0
Cannot Locate/Don't Know Where to Look	11.7	9.7	38.3	30.0	18.9	21.4
Reluctance/Fear	2.7	0.8	2.1	20.0	0.0	7.1
Don't Feel Entitled	1.8	1.6	2.1	0.0	0.0	0.0
Unaware of Service	19.8	18.5	12.8	0.0	29.7	0.0
Too Long to Wait	1.8	2.4	1.1	0.0	2.7	0.0
Not Available in Area	8.6	1.6	0.0	0.0	5.4	0.0
Other	26.6	32.3	21.3	20.0	18.9	50.0
Total	100%	100%	100%	100%	100%	100%

Source: Analysis of 1994 Alameda Senior Needs Assessment Survey

- Differences in service barriers by geographic region of the County are relatively modest. Note, though, the factors of transportation/distance, cannot locate and availability. (Exhibit 3-8)
- Age group variation in perceived service barriers can also be characterized as modest, although cost, availability and service awareness and information differences are notable. (Exhibit 3-9)
- Data concerning service barriers as experienced by older adults in different ethnic groups offers the most variation of use in service and resource planning. (Exhibit 3-10)

3.4 Conclusions

These data, resulting from the 1994 survey of 775 Alameda County residents aged 55 or older, provide one important perspective on differences in service needs, use and barriers. As such, it represents an information resource which can be tapped for some time to come.

Chapter Four

Themes in the Needs Assessment Findings

4.1 Introduction

Throughout the process of collecting data for this needs assessment, several issues and concerns arose with considerable frequency and consistency in interviews, focus groups and community meetings. These "themes" reflect the perspectives of older adults, their family caregivers, senior advocates, service providers, government program managers, policymakers and local elected officials.

This chapter presents a discussion of these recurring themes as a framework for examining needs, service priorities and service system issues affecting older adults in Alameda County. The themes discussed in this chapter are clearly interrelated. There is no priority implied by the ordering of these themes; they each represent a critical consideration for public policy, service planning and resource allocation decisions affecting Alameda County's growing population of older adults.

4.2 Themes

Living Independently at Home

Ensuring that older adults can remain safely in their own homes, despite changes in health or functional status, was the dominant theme of this needs assessment. Indeed, ensuring that elders receive the types of supportive assistance that they require to live independently can be understood as the ultimate long-term goal for senior services in Alameda County.

To accomplish this goal, an integrated array of formal and informal supports may be needed in the home and at readily-accessed sites in individual communities. These supports need to be flexible and available at levels which are meaningful and reflective of true needs. In some situations, multiple services and informal assistance may be needed to assemble a reliable support system while in others, only short-term, service-specific care will be required to ensure safety and independence. Similarly, needs for assistance to remain independent can be short-term (after a hospital stay, for example) or may persist for a considerable period of time. In any of these situations, the overwhelming consensus of participants in this needs assessment is that services need to be adaptable, accessible and responsive to cultural, economic and geographical differences in order to adequately support the goal of safe and independent living for the County's older adults.

Older Adults as Resources for the Community

The persistent myth of elders as drains on society's resources was identified by many participants in the needs assessment as a fundamental misconception that has had a destructive effect on elders' self-images and self-esteem and, more practically, on the social priorities of elder services. Many respondents, elders and others, saw a need to redefine the public's perceptions of older adults and to develop real opportunities to tap into the older population as a community resource.

Changing public perceptions is neither easy nor can it be accomplished overnight. For older adults, increased opportunities for volunteerism, community involvement and leadership are the most likely means of redefining perceptions and values associated with aging. This shift is necessary, according to a number of needs assessment participants, in order to ensure that an adequate level of resources are available to respond to the needs of a growing elder population in Alameda County.

Declining Resources; Increasing Needs

The imbalance between the service needs of a growing population of older adults in Alameda County and steadily declining public and private resources poses a serious threat to the safety, security and well-being of the County's older adults. The situation has worsened rapidly during the past several years of economic recession and few expect a significant change in the next several years.

The widening mismatch between needs and resources (particularly formal services, health care coverage and entitlement benefits) are most problematic for frail, isolated, low income and non-English-speaking seniors and those with few informal supports from family members, friends or neighbors. Of growing concern are elders whose modest incomes slightly exceed low-income/poverty eligibility levels, disqualifying them for many means-tested benefits but with too few resources to purchase services privately. Unless the trend of declining resources is reversed in the near future, many needs assessment respondents predicted much larger numbers of elders at risk of inappropriate (and costly) institutionalization as well as abuse, exploitation and neglect.

Erosion of "Safety Net" Services

The impacts of declining resources have been experienced across the spectrum of senior services in Alameda County. Repeatedly in community meetings, focus groups and key informant interviews, needs assessment participants expressed alarm, particularly over reductions in those "services-of-last-resort" or "safety net" services which intervene to address life-threatening and other critical needs. Specifically, reductions in Adult Protective Services (APS), In-Home Supportive Services (IHSS) and MediCal and Medicare coverage reductions (with higher out-of-pocket costs) have

greatly eroded the ability of the formal service system to prevent or ameliorate problems for the most frail, vulnerable and needy elders in Alameda County.

The Dilemma of Outreach to Isolated and Underserved Elders

As service resources become more scarce, many providers have had to reevaluate their efforts to reach out to underserved or isolated elders in their communities. With lengthening waiting lists for many services from meals to housing, the benefit of reaching out "with an empty hand" seems not worth the expenditure of resources. Yet those elders who are isolated and underserved are those most likely to require one or more interventions to ensure their safety and well-being. This problem, reported often during the needs assessment can be ameliorated only with expanded or redirected resources to ensure that critical needs can be addressed as they are discovered.

Personal Income and Access to Services

The continuing decline in elder-serving resources in Alameda County has resulted in a system of services defined largely by income. Elders with higher levels of income or other resources can usually secure services if they are willing to pay privately for the assistance. Older adults on fixed, moderate or low incomes experience far fewer options when they seek publicly-subsidized or provided services from government or community agencies.

Older adults who must rely on government and nonprofit agencies are very much at the mercy of funding cuts and staff reductions. They will often experience lengthy waits for service and limitations in the types and levels of service available to them. In many situations, simply locating a source of information on available services is problematic. Continuing resource limitations foreshadow greater, not lesser disparities in the coming years.

Means-related Versus Categorical Eligibility for Services

As formal resources have declined during the past several years for human services in general and for senior services specifically, there is increasing discussion about the nature of entitlement and service eligibility. The issue of allocating increasingly scarce elder-serving resources was raised in a number of discussions conducted for this needs assessment.

At present, some services (such as senior center services, congregate meals) for older adults are provided with minimal or no charge, provided the recipient is of a certain age, usually 60 or 65 years. Other senior services and benefits (such as MediCal, SSI, subsidized housing, public mental health services) are rationed according to other eligibility criteria, often related to income and clinical or social need.

With the erosion of resources, the notion of rationing all publicly provided or subsidized services by income and/or need is gaining visibility and generating concern among the County's elders about the future availability of preventive and supportive services. Such a change in policy would most seriously affect those elders whose incomes just exceed low income entitlement levels but who are not financially able to purchase services privately. These elders, who represent a sizeable proportion of the County's older population, could be forced further into poverty (and need) as a result of a continuing evolution toward means-based senior services.

"Impenetrable" Service System

Consumers of health care and supportive services for older adults consistently reported the difficulties they experienced in identifying and obtaining assistance. Elders, their caregivers, case managers, discharge planners, senior housing managers and others repeatedly emphasized how difficult it was to locate appropriate and affordable services and how impersonal and "user-unfriendly" is the system which is marked by fragmentation and continuing service reductions.

The problems begin with difficulties identifying a source of service information which is especially difficult for elders with little or no previous experience with formal services. Isolated, frail and non-English-speaking elders and their families are most seriously affected, but the difficulties affect even those with greater abilities and service-seeking experience.

The access problems do not end when appropriate services have been identified. At that point, according to many needs assessment participants, the problems actually grow worse because services for older adults are not well integrated or organized in the County. Older adults with more than one service need may find themselves with multiple providers, each with its own assessment, eligibility criteria and documentation requirements, waiting lists and service limitations. For the most able among us, such a scenario is daunting; for many elders, the service system itself has become the most serious barrier to meeting their needs.

Shared Responsibility in Obtaining Services

Service providers and many consumers agreed with the notion of a shared responsibility for aligning services with those in need. From the perspective of the service system, making information and services far more accessible and senior-friendly would reduce a serious barrier. At the same time, elders and their caregivers need to be sufficiently empowered to take responsibility (and action) to seek out services and, when possible, to advocate for higher levels of service for older adults. Bringing down systems barriers will require concerted efforts from both providers and consumers as all struggle "to do more with less" in the coming years. (More on this critical issue in Chapter Nine of this needs assessment report.)

The Challenge of Increasing Cultural Diversity

The overall growth in Alameda County's older adult population has been accompanied by increasing racial and ethnic diversity, as Chapter Two of this needs assessment report describes. With growing numbers of older adults from communities of color, a significant percentage of them with limited or no English language capability, the formal senior service system has been challenged to respond.

Existing formal senior services need to continue their efforts to offer services (and information on where and how to obtain them) in culturally appropriate ways. In addition, greater diversity means different sets of needs in different communities. Values associated with elders expressing their personal needs and seeking assistance outside of their family or ethnic community also need to be factored in to outreach and service strategies.

Fragile Support Systems

One of the most serious concerns expressed by elders, caregivers and providers was the fragile nature of informal support systems for many of the County's most vulnerable elders. Many of the situations described by elders, their caregivers, case managers and congregate housing managers were disturbing and often without much hope for improvement.

While the major focus of this needs assessment is on the formal service system, it is important to recognize that the majority of the nonclinical support provided to older adults is done so informally, by family members, friends, neighbors and volunteers. Because this occurs idiosyncratically for each older adult and family, these support networks are inherently fragile and susceptible to unexpected changes. When this happens, the most fragile and isolated elders face life-changing and, in some cases, life-threatening situations requiring "safety net" interventions by the formal service system.

Support for Caregivers

Despite the significant level of assistance provided to older adults in Alameda County (as elsewhere) by informal caregivers such as family members, friends, churches, community groups and other volunteers, few formal resources exist to support or relieve them. Some informal caregivers reported in focus groups and community meetings about around-the-clock caregiving responsibilities or the overwhelming burden of maintaining employment while caring for a parent or another older adult.

Support groups and some respite programs (formal and volunteer-based) provide valuable assistance, but at levels far below need. Repeatedly the needs assessment process heard about the need to recognize and better support the critical work of

informal caregivers to the County's older adults.

Chapter Five

Priority Needs of Older Adults in Alameda County, 1994

5.1 Introduction

The unmistakable mandate for this senior needs assessment, from the Board of Supervisors who commissioned the study to the community Oversight Committee which implemented it, was to develop a thorough understanding of unmet needs from the perspective of older adults themselves. This chapter brings together information from older adults obtained through the telephone survey, focus groups, community meetings and the community response forms. Thus, the needs described in this chapter are practical, functional and reflect the day-to-day experiences of the County's older adult population. To be certain that the perspectives of elders (and informal caregivers) are fully respected in this analysis, the implications of these needs on services and priorities are discussed separately in the next chapter.

This needs assessment process identified a series of six sets of needs which directly affect the safety, health and overall well-being of Alameda County's older adult population. These six needs affect individual elders in different ways, according to their health and functional status; economic conditions; availability of family and other informal supports; race, ethnicity and culture; place and type of residence; language ability; experience with formal services; and other factors. The needs identified here are those which appear to affect the broadest cross-section of the County's elders. Needs and concerns specific to particular subpopulations of elders and specific geographical areas of the County are discussed in detail in later chapters of this report.

5.2 Self-reported Needs of Older Adults in Alameda County

A total of six broad categories of need were identified in this senior needs assessment. They are:

- The need to maintain individual independence;
- The need for economic security;
- The need for personal and community safety;
- The need for support to live at home;
- The need for access to services; and
- The need for meaningful elder community involvement.

Taken together, these sets of needs reflect a strong interest in maximizing individual independence and maintaining an active and meaningful life. Each is discussed in the following pages along with a brief description of the types of formal services which were identified as key elements of a formal response to these self-identified needs.

Independence

The single most consistent need reported by older adults regardless of differences in income, ethnicity, health or functioning was maintaining personal independence. Indeed, the need to remain independent was identified so often and with such consistency that it might be considered the overarching goal for the County's policies regarding older adults.

Recognizing that changes in health, functional status, employment and income often occur in later years, older adults throughout the County are fiercely protective of their independence and the formal support services which maintain it during periods of illness or physical limitation. For elders, independence means being able to do what they want to do with safety and, if necessary, with appropriate support. Mobility is clearly a key element of the need for independence. So, too, are psychosocial matters such as self-esteem, perceptions of vulnerability and patterns of social relations.

Responding to the need for personal independence can involve a unique constellation of formal and informal supports tied to the particular personal and social circumstances of individual older adults. Among the formal supports most commonly identified by elders and providers which address the need for independence are the following:

- Information on community services;
- Opportunities for recreation and socializing;
- Accessible public transportation and supported transportation services such as Paratransit;
- Accessible primary health care;
- Counselling and other mental health services;
- Home repair and maintenance services;
- Affordable housing and supported (assisted) congregate housing; and
- Language-related services (particularly translation).

In order to respond effectively to the need for personal independence, formal systems of service need to be integrated, flexible and accessible, reflecting changes in elders' lives.

Economic Security

The need for economic security in older age is a high-level concern for the County's seniors. Maintaining income and personal assets represent one dimension of economic security. The critical second component is associated with the potentially devastating financial impacts of paying for needed health care and long-term care in the future.

For the County's low income elders, economic survival represents a fundamental need. For those living just above poverty, the specter of becoming impoverished and dependent upon public assistance and public services is a constant fear. Elders with somewhat higher levels of financial resources need to protect their assets as "insurance" against unpredictable future changes in health, functioning levels, or personal finances.

The economic situations of older adults in Alameda County run the gamut from abject and protracted poverty to complete financial independence. Clearly, the predominant concern in this needs assessment must first be with those elders in or near poverty for whom options are few and circumstances dire. In these economically at-risk situations, several types of formal supports are needed. These include:

- Legal assistance to obtain, maintain or advocate for benefits;
- Adequate health care and comprehensive health insurance coverage including in-home and institutional long-term care;
- Affordable housing;
- Affordable meals and food programs;
- Improved income maintenance benefits through the Supplemental Security Income (SSI) program, including Food Stamps for SSI recipients; and
- Assistance with money management including training and education of elders, representative payee and conservatorship programs.

The need for economic security as reported by elders in this needs assessment was closely tied to their overall goal of maintaining personal independence. Concerns about personal financial security were reported with considerable frequency and clearly represents an issue of the highest priority for Alameda County's older adults.

Safety

The need for personal and community safety was repeatedly identified as an important need for the well-being of older adults in Alameda County. Personal safety needs included freedom from abuse, neglect or exploitation; hazard-free residences; and secure living accommodations. Elders also emphasized the need for community safety which included concerns about vulnerability on the street; pedestrian safety; and violent crime victimization.

Ensuring that vulnerable elders are protected from abuse, neglect or exploitation is a widely-recognized need and current resources are not adequate to respond effectively. With fixed, low incomes, the physical conditions of some elders' homes deteriorate and create serious health and safety hazards which can become life-threatening if unabated.

Despite hopes to the contrary, many elders reported growing fears about both personal and community safety. Overall feelings of vulnerability among elders are reported to be more acute than in the past. These factors have already led to higher degrees of self-isolation and restriction of social activities, particularly at night and in higher crime areas, although problems of violence and crime can be found in every community and area of Alameda County.

Along with community-wide needs for police, fire, paramedic and other public safety services the following services can respond to critical needs for personal and community safety for older adults in Alameda County.

- Adult protective services including assistance with money management, training and education of elders, representative payee and conservatorship programs.
- In-home supportive services;
- Legal assistance and advocacy;
- Home repair, hazard abatement and emergency preparedness services;
- Secure public transportation and assisted transportation such as Paratransit;
- Secure supported housing; and
- Affordable, accessible preventive and emergency health care.

Living at Home

Recognizing that many older persons will experience changes in their health and functioning, elders emphasized the need for an array of programs and services to support them living in their own homes for as long as is safe and practical. The specter of institutionalization because of health problems or mobility limitations is of great concern to elders throughout the County. In focus groups and community meetings, many older adults expressed considerable concern about the availability and cost of home and community-based supportive services.

The need to sustain a mix of supportive services designed to assist elders in living at home was echoed by elder advocates, service providers and elected officials. As more humane and cost-effective alternatives to institutional placement, an infrastructure of formal services and informal supports represents a serious need for the County's elders. Among the key formal services which provide the basic elements of that infrastructure are the following:

- In-Home Supportive Services (IHSS) and other home-based homemaker, attendant and chore services;
- Affordable home health care services;
- Affordable housing and supported housing;
- Home-delivered meals and grocery services;
- Home repair and maintenance services;
- Counseling and other mental health services;
- Assistance with money management including training and education of elders, representative payee and conservatorship programs; preparation of legal documents (e.g. Powers of Attorney);
- Assisted transportation such as Paratransit; and
- Support services for family and other informal caregivers.

Without these and other, informal supports, the only alternative becomes institutionalization for elders experiencing changes in health or functioning levels. Because many of these services are not available at levels commensurate with need in Alameda County, the needs assessment found many instances where unmet needs resulted in higher risk for isolated or physically/cognitively limited older adults.

Access

The need for unimpeded access to the array of programs and services for older adults in Alameda County arose with considerable frequency in this needs assessment. Currently, many barriers exist between elders and the services they require (see Chapter Nine). Access is especially problematic for elders who are isolated, non-English-speaking, mobility-limited, poor, living alone and for those with little or no previous experience with the formal service system.

The array of senior-serving agencies and programs, both public and private, cannot respond to the level of current need in the County's older population. Improving service access, first and foremost, will involve increasing service levels in all geographic areas of the County. Beyond that, specific interventions which can improve access to formal services include:

- Information and referral services with multiple language capacity;
- Case management and client advocacy;
- Transportation;
- Legal assistance;
- Targeted community outreach; and
- Language-related services, including translation.

Repeatedly in this needs assessment, the critical need to identify underserved and isolated elders and to bring them into the service system was reported as a priority concern.

Community Involvement

Viewing older adults as community resources and increasing opportunities for meaningful employment, volunteerism and leadership are key elements of the need for expanded elder community involvement. Problems of loneliness, loss, isolation and vulnerability arose with considerable frequency in this needs assessment along with a host of suggestions to better involve older adults in a broad array of community activities.

To address the need for meaningful community involvement, several types of formal programs and services represent key resources. These include:

- Employment training and retraining programs and expanded employment opportunities for older workers;
- Volunteer recruitment, training and support;
- Language-related services, including translation;
- Recreation, socialization programs for different ages and functional ability levels.

Each of these interventions can assist in addressing the need for elder community involvement which represents a serious concern (and resource) for older adults throughout Alameda County.

5.3 Summary: Older Adults' Needs in Alameda County

This chapter has presented the key needs of older adults across Alameda County as perceived and reported by elders themselves. Because the impacts of these needs vary by individual circumstances, later chapters of this needs assessment report will examine variations by geographical areas, and population groups in order to create a more comprehensive, yet detailed understanding of senior needs and issues in Alameda County.

Chapter Six

1994 Countywide Service and Advocacy Priorities for Older Adults

6.1 Introduction

The fundamental finding of this senior needs assessment is that there is currently a substantial gap between the needs of Alameda County's senior population and the level of formal services available to respond to those needs. Moreover, this gap between needs and resources is expected to grow steadily worse in the coming years because of two factors: the continuing growth in the older population, particularly those 75 and older; and the lack of public and private funding to maintain or expand key programs and services.

Respondents from every perspective and viewpoint expressed serious concern about the erosion of an array of senior services, including many which represent "safety net" supports for Alameda County's most vulnerable elders. Public services and community-based agencies are experiencing tremendous fiscal strains which are being felt at the service delivery level in all parts of Alameda County.

Across the County and for many types of senior services, the notion of outreach to isolated and underserved elders has become a cruel dilemma: what point is there to reaching out when there are few services available for those individuals in need? Without a recommitment to senior services, the historical inequities in service delivery will be "frozen" into a shrinking system where, at present, services are often rationed by lack of information, and not always by individual need.

This chapter brings together the array of information obtained through multiple means and from a widely diverse collection of respondents. In the aggregate, these data permit a ranking of service needs affecting older adults in Alameda County. In addition, these same data provide the basis for an identification of a series of advocacy issues which represent the beginning of a community public policy agenda for older adults and other constituencies of need.

6.2 Defining Countywide Service Priorities

The remainder of this report discusses Countywide senior service priorities as reflected in the needs assessment data. Three categories of service priority are used in this discussion. They are:

- **Urgent Service Priorities.** These are services which represent a social support "safety net" for older adults at risk of isolation, abuse, neglect, exploitation and/or inappropriate institutionalization. These services are ranked as urgent priorities for two reasons. First, because of the growing

gap between levels of need and the availability of these key services. Second, because the shortage of these services represent potentially serious risks to older adults who may experience a need for one or more of these safety net services.

- Serious Service Priorities. Services included in this category support and enable older adults to maintain their independence and community involvement, even in situations of temporary or protracted activity limitation or other special need. Included in this category are services which may not yet have suffered most from overall reductions in senior services, or those for which informal assistance may substitute in some situations.
- Ongoing Service Priorities. Because of the protracted decline in funding for an array of senior services, a number of important programs must be maintained and expanded in order to ensure that older adults in Alameda County have the resources necessary to maintain their independence and community involvement and to prevent declines in health and overall well-being.

In the best of times, these priorities would be used to guide the expansion of a community-based (and community-responsive) infrastructure of senior services in all parts of Alameda County and inclusive of the County's elder diversity and range of needs. Unfortunately, we find ourselves in far more challenging economic times where these priorities may need to be used to protect the most critical remnants of the senior services this County once relied upon until "the best of times" return.

6.3 1994 Senior Service Priorities

Urgent Service Priorities

This needs assessment has identified a series of eight types of senior services which represent critical supports for Alameda County's elders with the most serious needs and often with the fewest resources. Some of these services are provided largely by public agencies, others by community-based organizations and some by both. Regardless of the provider type, continuing funding and service reductions have already unraveled much of the safety net for these elders. The services rated here as urgent priorities are the basic elements of the safety net and must be preserved and expanded to meet even current levels of need. **Listed alphabetically**, urgent service priorities are:

- Information and Referral Services. The most common concern expressed by elders, their caregivers, case managers, discharge planners, senior housing managers, emergency service personnel and others in this needs assessment was the difficulties they experienced seeking information on

available senior services in Alameda County. Information on services was the highest ranked unmet need in the 1994 senior survey. This finding and many others in this chapter, are consistent with those of the 1988 and 1990 senior needs assessments conducted by the Area Agency on Aging. More efforts are needed to get information on services and other elder resources to the community. More resources are needed to target isolated or otherwise disenfranchised communities, particularly in the major languages now spoken in the County. "Rationing services by lack of information", as one needs assessment respondent characterized the current situation, is neither equitable nor efficient. Increasing the demands on an already overextended service system is clearly problematic. However, increasing efforts to inform the community about services could also raise awareness about the very fragile nature of the senior service system among the County's residents.

- In-Home Services. Practical and basic attendant care provided in an elder's home can make the difference between living independently and becoming institutionalized. For low income elders, the state-County In-Home Supportive Services (IHSS) program provides this type of assistance, but many agree that the program is flawed in several respects (restricted per-client service hours, mandated minimum wage for independent providers; client responsibility for recruitment and supervision; insufficient training and advancement opportunities for workers; and retention problems) and must be restructured and expanded if it is to provide a reliable and realistic support for Alameda County's frail and at-risk elders and other disabled adults.
- Language- and Culture-related Services. The County's growing population of elders who are not English-speaking requires several types of intervention in order to ensure equitable access to needed services. Translation and interpretation services and equipment can make the current service system more accessible to non-English-speaking older adults. Client advocacy is needed to ensure that benefits and services are obtained and that legal rights are protected. Service providers and government agencies need to redouble their efforts to provide services with accommodation for languages other than English and in ways which are respectful of different cultures' values and beliefs.
- Legal Services. Often overlooked, for many poor or otherwise vulnerable elders, free legal services represent a critical resource for obtaining benefits and services, resolving eligibility and documentation disputes, protecting individual rights for those elders unable to represent their own interests and serving as advocates for the older adult community. Legal services for those elders with serious needs and problems have been steadily eroded during the past several years and waiting lists for

assistance have been lengthening. This has resulted in an urgent need to restore senior legal assistance services for low- and fixed-income seniors.

- Meals; Food Programs. Ensuring that older adults with some limitations receive an adequate and healthful diet is a key to maintaining maximum independence. Home-delivered meals and emergency food programs are key resources as are grocery shopping and delivery services. Often, concerns about food were tied to concerns about personal finances which ranked as high priorities in the senior survey. In addition waiting lists for home-delivered meals are lengthening in most parts of Alameda County and emergency food programs cannot respond to existing elder needs. Congregate meals programs not only offer good nutrition, the socializing aspect of the meals is an important strategy to prevent isolation and loneliness.
- Protective Services. Prevention and intervention in situations of elder abuse, neglect and exploitation represent critical resources to protect vulnerable older adults. Levels of service are far below current need which has forced the program to focus on only the most extreme and urgent situations. Prevention services and adequate levels of service in subacute cases have fallen victim to budget reductions which are likely to result in increased caseloads in the future. In addition to increased funding, protective services providers need more viable service and housing options for older victims of abuse, exploitation or chronic neglect.
- Support Services for Caregivers. Providers of informal assistance to older adults perform an array of important tasks and fill many needs, often with little or no compensation or other support. Respite programs and support groups are the most needed interventions for caregivers along with better information on in-home and other services which may assist them with their caregiving responsibilities. Informal caregivers are a critical resource for older adults in Alameda County and supporting their work represents an urgent service priority.
- Transportation. Supported transportation such as Paratransit services are an important resource connecting elders with their communities. Individuals who do not drive and who are unable to negotiate the public transit systems in Alameda County rely on supported transportation (as do disabled adults) for medical appointments, grocery shopping and other life necessities. Currently, services are insufficient in many parts of the County, particularly in suburban and semi-rural areas. Shortages in supported transportation exacerbate isolation for transit-limited older adults and thus rank as a serious service priority.

Serious Service Priorities

An array of formal services support and enable older adults to live productive lives with maximal independence. The protracted fiscal limitations experienced in Alameda County (and elsewhere) during the past several years has undermined the economic foundations of many senior services and provider agencies. The result is a series of serious needs and service priorities which now affect the lives of many older residents in Alameda County. **Listed alphabetically**, these serious needs are:

- Case (or Care) Management for Special Needs Clients. Assisting elders with special needs for care coordination helps to ensure that they receive health care, basic needs assistance and supportive services according to their needs. Individuals with physical or cognitive limitations, frail elders, non-English-speaking older adults, sensory-impaired seniors and others with little experience with formal services require the assistance and advocacy of case managers. These services are not now available even to the elders with greatest needs. With shrinking service levels and continuing service fragmentation, case management for elders with special access needs represent an urgent service need.
- Health Care and Home Health Care Services. Ensuring ready access to appropriate levels of primary health care, including in-home nursing, medication, dental care, and other assistance, is a critical concern for older adults in Alameda County and "anchors" many other supportive community services. With better access will come more appropriate utilization, a higher level of preventive care and, as a result, lower overall health care costs. Especially for low income elders, access to basic health care is becoming increasingly difficult because the public system is overburdened and difficult to access while growing numbers of private health care providers limit the number of their MediCal and Medicare-assignment clients. For veterans, closure of military installations (and their health care facilities and services) could limit health care options and access.
- Housing Options for Older Adults. Affordable housing for older adults is a cornerstone of the goal of supporting elders living in their own homes. Congregate housing for seniors will need to expand to accommodate current and anticipated levels of need in Alameda County. In addition, more integration of housing and an array of in-home services will be needed to help elders experiencing changes in health or functioning to remain safely in their residences. For seniors with fixed, low incomes, subsidized housing options, both individual and congregate, need to be expanded steadily in the coming years.

- Mental Health Services. Counselling, therapy and related emotional support services specifically for older adults are not available in Alameda County. Reductions in County-provided and other community-based mental health services during the past several years has created a serious gap in the senior service system. Clinical and peer programs respond to a range of emotional support needs, but these important support resources are insufficient Countywide and absent in some areas. Preventive and early intervention emotional support services can reduce the likelihood of more debilitating mental illnesses, isolation, and suicide while making an important contribution to elders' overall well-being.

- Outreach to Isolated and Underserved Elders. Ensuring that the most vulnerable and isolated older adults receive the services which enable them to live safely requires concerted efforts to identify these individuals, overcome fear or mistrust and guide them to appropriate sources of care. This needs assessment documented persistent and underserved needs in several subgroups of the older population (see Chapter Seven). In order to ensure that services and other community resources reach those with the greatest need, outreach is a key intervention. However, the overall shortage of many types of senior services means longer waits and fewer services once individuals are identified and linked to sources of care. In such a situation, outreach efforts need to focus on individuals and communities of greatest need and isolation in order to bring more equity into the allocation and use of senior resources.

- Residential Maintenance and Repair. Basic home repair and maintenance, along with housekeeping and yardwork, can greatly assist elders to live safely in their own homes. Nearly one in five senior survey respondents indicated an unmet need for house and yard repair, cleaning, and maintenance, among the highest level of need reported.

- Social Day Care/Adult Day Health Care. For elders with some physical or cognitive limitations, day care services using a medical or social model can represent a key support. In addition to providing a respite opportunity for family and other caregivers (an urgent need), day care programs offer socialization and therapeutic services to prevent further limitations. Services of these types are not sufficiently available throughout the County and needs will grow rapidly, particularly with the projected increases in the 75+ age group where these service needs occur with the greatest frequency.

Ongoing Service Priorities

This needs assessment identified a series of ongoing services which support elders and their caregivers and which represent key elements of a community's elder-serving infrastructure. In the coming years, these senior services will need to expand as the number of older adults grows in absolute numbers and as a proportion of Alameda County's population. Ongoing service needs are:

- Recreation and Socializing Programs. The centerpiece of a strategy to maintain good health and functioning is regular activity and interests. The focal points most often are community senior centers which serve an increasingly diverse population in terms of age and physical ability. According to the 1994 senior survey, about one in five persons age 55+ use community senior centers in Alameda County. Senior centers represent, for many older adults, an easily-accessed point of entry into the formal senior service system in Alameda County. These programs often fall victim to budget limitations because they do not address life-threatening needs. They do, however, offer an opportunity and a mechanism to deliver preventive services and education, peer support and community connections which directly affect the well-being of the County's older adults.
- Senior Employment and Volunteer Opportunities. The economic circumstances and the high cost of living in Alameda County has forced some older adults to re-enter the workforce or to delay retirement. Others choose to work as their way to remain active and productive. Similarly, some older adults are actively involved in volunteering and community affairs and more would like the opportunity to do so. Budget cuts have reduced senior employment programs and have reduced the number of volunteer coordination and placement services. Changing public perceptions to emphasize elders as community resources will require more resources to recruit, train, place and support elders in paid and unpaid positions. Many needs assessment respondents saw senior employment and volunteer programs providing "a very good return on investment" for individual elders and for their communities.

These priorities, focused on noninstitutional community-based senior services reflect current and short-term future needs across Alameda County. Differences exist regionally and among different sub-groups of the County's older population. These differences in needs are discussed in later chapters of this report. In order to address these needs and priorities, consideration will need to be given to the fragmentation and "impenetrability" of some programs and services, from the perspective of the older adult consumer.

6.4 Priority Policy and Advocacy Issues Affecting Older Adults

This needs assessment asked respondents of all types to think comprehensively about the needs of older residents of Alameda County. In addition to the specific service priorities described above, another set of issues arose which also affect the County's older adults. These are larger, more systemic matters over which Alameda County has little, if any, direct control. They do represent, however, key elements of an elder services policy and advocacy strategy which would complement the implementation of the service priorities resulting from this needs assessment and would have important effects on the County's older adults. The issues which arose most consistently were:

- Health Care; Health Insurance Coverage. Continuing erosion of Medicare and MediCal coverage coupled with rapid rises in the costs of health care are a key concern of the County's elders. Ensuring comprehensive coverage in any new national health care plan which includes prescription medications and community-based long term care services would have a very positive effect on service availability and comprehensive access. This would, in turn, reduce the high level of concern among older adults created by uncertainty about future health care and long term care needs and costs.
- Community Safety. In focus groups and community meetings, the issue of elders' safety in their homes and in the community arose repeatedly. Efforts to improve overall community safety inevitably benefit elders who are too often perceived as "easy targets" for residential and street crime. Reaching out to elders as "neighborhood watch" volunteers and increasing police patrol presences were common safety-related recommendations made during this needs assessment process.
- Income Maintenance. Income support programs such as Supplemental Security Income (SSI) and General Assistance are not adequate to protect elders (and many others) against intractable poverty and, in some cases, homelessness. Reductions in benefit levels and increasing costs of living are placing growing numbers of elders (and others) at risk, in some instances forcing choices of paying utility bills or buying food. Many respondents in this needs assessment felt that such painful choices ought not to be necessary for Alameda County's elders.
- Public Transit. In an area as geographically dispersed as Alameda County, public transit can represent a "lifeline" to formal services and community activities. Elders throughout the County reported difficulties using public transit, particularly for individuals with a sensory impairment or activity limitation. Compliance with the Americans with Disabilities Act is expected to improve the "elder-friendliness" of BART, AC Transit and

other public systems upon which many elders rely.

These issues are long-term concerns which focused advocacy efforts, from Board of Supervisors' resolutions to grass-roots organizing, can affect. Each of these issues has other constituencies which offers elder advocates the opportunity to leverage their efforts with other groups and campaigns with compatible interests and priorities.

Chapter Seven

Regional Senior Service Needs

7.1 Introduction

Alameda County's diversity extends along many dimensions: geographic, ethnic, economic and with respect to local availability of senior-serving programs and other resources. This needs assessment discovered considerable diversity along each of these dimensions, creating differences in needs, priorities and concerns. While the principal focus of this needs assessment was countywide, important differences exist by geographic region and this chapter offers a senior services "profile" of the North, Central, South and East County areas. Exhibit 7-1, below, summarizes regional priority senior needs and services.

Exhibit 7-1

Alameda County Regional Priority Needs and Services: Age 55+ 1994			
Region	Regional Priority Needs (All High Priorities)		Service Responses* (All High Priorities)
North County	■ Basic Needs (food, housing, income assistance)	■	Home/Congregate Meals
	■ Individual/Community Safety	■	Protective/Mental Health Services
	■ In-Home Assistance	■	IHSS/Home Health and Nursing
	■ Help Obtaining Services	■	Legal Assistance
	■ Caregiver Support	■	Information and Referral
		■	Housing/Home Repair
		■	Respite/Day Program
Central County	■ Mobility/Involvement	■	Paratransit
	■ Information on Services	■	Information and Referral
	■ Caregiver Support	■	Respite/Day Programs
	■ Safe and Affordable Housing	■	IHSS/Home Health/Food
		■	Housing/Home Repair
		■	Protective Services

South County	■	Mobility	■	Paratransit
	■	Help Getting Services	■	Information and Referral
	■	Basic Needs (food, housing, income assistance, medical care)	■	IHSS/Home Health/Meals
	■	Caregiver Support	■	Primary Health Care
	■	Home/Community Safety	■	Legal Assistance
			■	Housing
				■ Respite Services
				■ Protective/Mental Health Services
East County	■	Safe and Affordable Housing	■	Housing/Home Repair
	■	Mobility	■	IHSS/Home Meals
	■	Access to Services	■	Protective Services
	■	Basic Needs (food, medical care)	■	Paratransit
	■	Caregiver Support	■	Information and Referral
			■	Legal Assistance
				■ Respite Services
				■ Primary Health Care

* As identified in Focus Groups, Community Meetings, and Key Informant Interviews with consumers and providers.

Source: Analysis of 1994 Senior Needs Assessment Survey

7.2 North County

Nearly half (49%) of Alameda County's 60+ population resides in North County. The North County area has the highest proportion of racial and ethnic minority elders (47.7% in 1990) within the County, including the highest proportion (29.0%) of African-American persons aged 60 or older. According to data from the 1990 U.S. Census, the North County area has the greatest proportion of persons aged 85 and older (9.0% of the 60+ age group). Older North County residents also reported higher levels of functional impairments (21.9% of the 65+ age group) than did residents of other areas. In the 1994 senior survey conducted for this needs assessment, 26.5% of respondents indicated fair or poor health status, the second highest rate of self-reported poor health among the County's four geographic areas. The North County area has the highest proportion of respondents 55+ with incomes at or below the Supplemental Security Income (SSI) level (12.8% of single seniors, 6.1% of older couples).

Housing the seat of County government and the core operations of many County-provided senior services, the North County area has the highest concentrations of organizations, programs and services for older adults. There is considerable "breadth" to the array of senior services in North County, but growing needs and steadily declining public and private funding has reduced the overall level (or "depth") of service, creating a situation of increasing unmet needs.

Regional Priority Needs

As identified by elders, family caregivers, case managers and others, the five most significant needs experienced by the older adult population in North County are:

- Basic needs: food, affordable housing, income assistance;
- Need for individual and community safety;
- Need for in-home assistance (attendant, nursing, meals);
- Need for help obtaining appropriate services;
- Support for family and other informal caregivers.

Services Required to Respond to Regional Priority Needs

In order to respond effectively to current and expected unmet senior needs in the North County area, the following types of services represent the top regional priorities:

- Home-delivered and congregate meals programs;
- Adult protective services, conservatorships, representative payee services, mental health services;
- In-Home Supportive Services (IHSS), home nursing and health care;
- Legal assistance, client advocacy and frail elder case management;
- Information and referral services;
- Affordable, safe and culturally appropriate congregate housing, home repair services; and
- Respite services, day health and social day care services.

Regional Senior Service System Issues

This needs assessment found a complex array of senior-serving agencies and programs in the North County area. For many elders, gaining access to services, particularly those provided by the public sector, is difficult and becoming more so. Access to services is especially problematic for frail elders and non-English-speaking older adults. More work is needed to better integrate senior services into an accessible and efficient "system" for North County's older residents.

7.3 Central County

The central part of Alameda County includes approximately 30% of the County's 60+ population which, in 1990, was 80% Caucasian, 10.8% Hispanic, 6.9% Asian/Pacific Islander and 1.9% African-American. This ethnic profile contrasts sharply with that of North County and Alameda County elders as a whole. The Central County has the second highest proportion (6.4%) of age 85 and older residents among the area's 60+ population. Along with residents in East County, persons 65 and older in the 1990 U.S. Census reported the lowest rate (16.4%) of functional impairment in Alameda County. In the 1994 senior survey, fair or poor health was reported by 30.1% of respondents, significantly higher than all other areas of Alameda County. A total of 6.3% of single persons age 55+ and 3.4% of older couples in the Central County area reported incomes at or below the SSI level.

Central County currently has a modest senior-serving infrastructure which includes County-provided, city-supported and community-based programs and services. Many of these services have undergone significant retrenchment during the past several years, widening the gap between the needs of a growing (and growing older) senior population and the availability of appropriate types and levels of assistance.

In community meetings, focus groups, key informant interviews and the senior survey conducted for this needs assessment, the five predominant needs of older persons residing in the Central County area are:

- Need for mobility and community involvement;
- Need for information about available services and programs for older adults;
- Need for caregiver support;
- Need for in-home assistance (meals, attendant, nursing);
- Need for affordable, supported housing.

Services Required to Respond to Regional Priority Needs

Expanding the capacity of the Central County to respond effectively to the priority needs identified above will require investments in Countywide public services as well as in local community-based service organizations. Specific priority services include:

- Supported transportation, including Paratransit;
- Information and referral services;

- Respite and day health, social day care programs;
- In-Home Supportive Services, home-delivered meals and groceries, home health and attendant services;
- Affordable, safe congregate and supported senior housing, home repair;
- Adult protective services.

Regional Service System Issues

The modest infrastructure of senior services in Central County has become especially vulnerable to continuing declines in public and private sector funding. Communication and collaboration are effective, with many services and programs connected at the service delivery level. Many services to Central County elders are provided by public and private organizations located in neighboring North County, adding some complexity to ongoing coordination efforts.

7.4 South County

In 1990, 14% of Alameda County's 60+ population lived in South County, nearly two-thirds (32.7%) of whom were racial or ethnic minorities. South County has the lowest proportion (5.9%) of persons aged 85 and older among its 60+ population. In the 1990 U.S. Census, 19.4% of persons 65 and older reported themselves to be functionally impaired, the second highest rate among Alameda County's four geographical regions. In the 1994 Senior Survey, South County residents aged 60 and older reported the lowest proportion (20.0%) of fair or poor health among the four areas. In the South County area, 6.0% of 55+ single persons and 3.4% of older couples reported incomes at or below the SSI level.

There is a modest senior service infrastructure in the South County area. A small number of city-sponsored senior programs, senior centers and a single senior service organization now serve the growing elder population in South County, which is also growing more ethnically diverse. The responsiveness of County-provided services (many of them basic needs and "safety net" services) in South County is considered to be insufficient currently and many South County respondents were not hopeful about future improvements, given the growing needs.

Data obtained from many sources identified the five priority needs of older adults in the South County area:

- Need for mobility;
- Need for help obtaining services;

- Basic needs: food, housing, income assistance, medical care;
- Need to support family and other informal caregivers; and
- Need for personal, home and community safety.

Services Required to Respond to Regional Priority Needs

Providers, planners, elders and community leaders identified a series of programs and services which need to be strengthened in South County as a first step towards creating and stabilizing a local senior service infrastructure. These are:

- Supported transportation, more accessible public transportation;
- Information and referral services, client advocacy, frail elder case management, outreach;
- Home-delivered meals, In-Home Supportive Services, home attendant and health;
- Legal assistance;
- Primary health care for low-income (MediCal) clients;
- Congregate and supported senior housing, home repair;
- Respite and caregiver support services; day health and social day care services;
- Adult protective and mental health services.

Regional Service System Issues

Building and sustaining a local capacity to respond effectively to senior needs is the clear system issue in South County. Currently, public services are not provided at adequate levels and community-based services are limited because of funding. Formal and informal collaboration is generally effective at maximizing the impact of limited resources. The increasingly diverse ethnic populations will further challenge providers to respond in linguistically and culturally appropriate ways.

7.5 East County

In the 1990 U.S. Census, East County accounted for seven percent of the County's 60+ population. Racial and ethnic minorities account for 10.9% of the older adult population and most of these are Hispanics or Asian/Pacific Islanders. The ethnic profile of the 60+ population in East County contrasts sharply with other areas of the County. With 6.2% of its 60+ population aged 85 and older, East County ranks third of the four geographic areas in Alameda County. Along with Central County, persons aged 65+ reported the lowest proportion (16.4%) of functional impairments among the four areas. With regard to self-reported health status, 20.3% of senior survey respondents indicated that their health was fair or poor, a slightly smaller percentage than for respondents Countywide. With respect to poverty, 7.7% of single individuals age 55+ reported incomes at or below the SSI level. No older couples responding to the 1994 senior survey in East County reported income levels at SSI or below, though this is likely an artifact of the survey sampling method and the proportion of elders in East County.

Geographically isolated from the remainder of Alameda County, the East County area has a very limited senior-serving infrastructure. Senior centers, a community agency and a local hospital represent the extent of senior service resources in this area. Because of its location, many publicly provided services are inaccessible in East County with the consequence that many elder needs go unmet and isolation is not uncommon.

Regional Priority Needs

In a community meeting with elders and providers, and in focus groups, interviews and the senior survey conducted for this needs assessment, the following five areas of need were identified as regional priorities:

- Need for safe, affordable and supported housing;
- Need for mobility;
- Need for access to appropriate services;
- Basic needs: medical care, food; and
- Need to support family and other informal caregivers.

Services Required to Respond to Regional Priority Needs

With very limited local senior service capacity, East County now experiences a serious problem responding to the range of senior needs. Among those which would respond effectively to the priority needs described above:

- Senior congregate and supported housing, home repair services;
- In-Home Supportive Services, home-delivered meals and groceries, adult protective services;
- Supported transportation such as Paratransit, expanded and more accessible public transit;
- Information and referral, outreach, frail elder case management, legal assistance and advocacy;
- Respite services, caregiver support programs;
- Primary health care for low-income (MediCal) elders, home health care.

Regional Service System Issues

Building and sustaining a viable base of key senior services, and securing higher levels of County-provided "safety net" services are the East County's systems priorities. Virtually every type of senior service is needed in East County; those listed above represent the most immediate priorities. Informal networking among providers helps to extend and integrate formal resources with informal (family, volunteer) assistance. This is a fragile arrangement which is highly susceptible to funding cuts and economic uncertainties.

7.6 Conclusion

These brief regional assessments identify the differences in needs and service priorities among the four geographic areas of the County. Some needs appear in each area, others are specific to one or two regions. Regional service structures vary widely in this analysis as do the profiles of each region's older population.

The history of population growth and land development in Alameda County has resulted in some of the differences in regional senior resources documented in this needs assessment. Most respondents throughout Alameda County agreed that bringing all parts of the County to some basic level of resource parity would be complex and politically charged, particularly in times of sustained fiscal retrenchment.

The Needs Assessment Oversight Committee, appointed by the County Social Services Agency to conduct this study believes that forcing unconstructive competition for senior resources among different regions of Alameda County is not a means to an effective and responsible solution, although this dynamic has been evident in recent years. Collaboration, common goals, compromise and conciliation will be the ingredients of a lasting resource allocation policy for senior services across Alameda County.

Chapter Eight

Population-Specific Needs

8.1 Introduction

Reflecting its commitment to inclusiveness and comprehensiveness in this needs assessment, the Oversight Committee requested an analysis of the specific needs of eight subpopulations of Alameda County's older adult residents. These were:

- Afghani older adults;
- African-American older adults (East Oakland);
- Cantonese-speaking older adults;
- East Indian older adults;
- Filipino older adults;
- Gay and lesbian older adults;
- Spanish-speaking older adults; and
- Vietnamese-speaking older adults.

This chapter summarizes the key findings from focus groups conducted with 219 older adults (several in languages other than English) in order to identify needs and concerns specific to their status as recent arrivals, refugees, or ethnic or sexual minorities. Except where indicated, every effort was made to include elders from throughout Alameda County in these focus groups.

8.2 Population-Specific Priority Concerns and Needs

Afghani Older Adults

Afghani elders reported that they lack information about community senior services and other resources and that there are insufficient opportunities for socializing. To remedy this situation which isolates Afghani elders from one another and from the broader community, participants in a focus group indicated a need for a regular Afghani elder meeting place which is staffed and would serve as an expanded resource for information exchange, peer support and socializing.

Case managers and other senior service providers indicated that they have begun to see larger numbers of Afghani elders in their communities and are concerned about the service needs and access issues for this growing population. As expressed in a South County community focus group, Afghani elders see a significant need for income assistance because many elders in this community have arrived in Alameda County with few personal resources and the cost of living is high. Supported and affordable housing which is culturally appropriate is another key need. Recently-arrived Afghani elders expressed concern about the availability of health care services because of limitations imposed by Medicare residency requirements.

Access to services is impeded for many Afghani elders because of problems accessing public transportation (language and cost). In addition, the costs of homemaking and errand services is prohibitive and thus limits access to these key supports. Obtaining information about services is problematic because of language barriers.

African-American Older Adults

The specific needs of older African-Americans in inner city areas focused on the East Oakland area. Here, participants described growing concerns over access to services and about street crime and family violence which creates a climate of fear and increases the isolation of older adults.

Improved transportation (mass transit, supported transportation) and more accessible service information would begin to address continuing problems of access to community and government services. Because of the low incomes of many African-American elders, basic needs such as food and meals programs, utility bill assistance, other financial assistance and affordable and supported housing have become high priorities.

Elders expressed feelings of being "easy targets" for victimization and the immediate need for more police and better-lighted streets. Abusive family situations often go unreported for fear of increased abuse or abandonment. Some elders indicated a growing feeling of distrust of family members or neighbors because of the potential for exploitation or abuse. Few felt that there were sufficient and realistic options to help them out of these destructive situations.

Cantonese-Speaking Older Adults

Many of the needs expressed by (mostly North County) Cantonese-speaking older adults were consistent with those of the overall older adult population in Alameda County, but the barriers created by language and discrimination have limited access to key services and other community resources. Limitations in Medicare (particularly the residency requirements) eligibility and coverage have created access barriers to needed

medical and dental care. Paying privately for these services is beyond the means of many Cantonese elders, particularly those who are new arrivals.

Informal support from family and community members is a lifeline for Cantonese-speaking elders, particularly for setting up appointments, filling out forms and translating. Even with this assistance, language barriers persist, particularly for those elders with fragile support systems and few resources.

Low income Cantonese elders rely on public sector services, many of which have extensive waiting lists. Improving the language capacity of key provider agencies and expanding interpretation and translation assistance were identified in this needs assessment as important first steps toward improving access to services for non-English-speaking elders.

East Indian Older Adults

Many participants in a South County focus group of East Indian older adults indicated that they lived with their families, reflecting the familial pattern in their native India. However, acculturation of younger generations threatens this informal support system for some East Indian elders. While language, per se is not a barrier, many focus group participants indicated that they have been treated rudely or with condescension in their communities, most recently as an outgrowth of anti-immigrant sentiments.

Currently, there are limited opportunities for East Indian elders to regularly congregate, share information, network and provide peer support. In the face of a changing family structure, East Indian elders see a growing need for some sort of meeting place, particularly in the South County area.

The key needs identified in the East Indian focus group included: affordable health care (because of costs and coverage limitations); affordable and congregate housing (culturally appropriate, with community gathering place); and transportation to improve physical access to services and other community resources.

Filipino Older Adults

Many of the needs and concerns of Filipino elders are reflective of the isolation experienced by seniors who are monolingual or for whom English is a second language. Specific barriers created by language and discrimination hamper contact with primary services and other community resources. Access to services and concerns about safety are also key issues for older adults in the Filipino community.

Affordable, accessible, and culturally sensitive housing and health care options are principle concerns of Filipino elders. In a focus group with Filipino older adults, participants reported that accessing these services is difficult for several reasons

including: transportation limitations and growing wait lists. Language barriers often exacerbated these problems.

Limited access to the service system, language barriers, and increasing neighborhood crime and violence contributes to the isolation Filipino elders experience in their homes. According to one focus group participant, the informal support of families, friends and neighbors is essential to his well being. However these fragile support systems can rapidly disintegrate leaving Filipino elders without the assistance and social support they require. Filipino elders discussed the need for more culturally sensitive recreation activities in order to help them become more integrated and comfortable within the larger community.

Gay and Lesbian Older Adults

In a focus group conducted with an often "invisible" senior community, gay and lesbian elders indicated that their needs as older adults were similar to those in the general community, but that their status as sexual minorities created additional and specific needs. Of greatest concern was the need for programs which address problems of loneliness and isolation which can be problematic, especially for "closeted" gay or lesbian elders. Fear of abuse or discrimination adds to the potential for isolation for some older gays and lesbians.

Support groups, gay and lesbian senior clubs and other facilities and opportunities for socializing, volunteering and advocacy were recommended as a means of reaching out and mobilizing this community. In addition, several changes to existing senior-serving programs could readily improve their responsiveness and sensitivity to gay and lesbian elders. Examples include: gay/lesbian-sensitive legal assistance; gay/lesbian friendly visitors and home health aides; and supported, affordable housing which is supportive of gay/lesbian elders.

In addition, sensitivity training for senior-serving organizations and inclusion of gay/lesbian perspectives in County human services programs and policies were identified as critical steps toward fully recognizing the many aspects of diversity among Alameda County's older population.

Spanish-Speaking Older Adults

The focus group with Spanish-speaking elders was held in North County and the results may well pertain largely to Spanish-speaking elders living in the County's urban centers. The concern about community safety predominates in this older adult community. Fears of victimization and exploitation are commonplace and act to isolate some older adults.

Many of the needs and concerns in this group were poverty-related. Others were related to increasing levels of discrimination. Service limits and lengthening waiting lists

have affected low-income elders throughout Alameda County including the Spanish-speaking population. Increasingly, health care and supportive service needs are going unmet because many cannot afford to pay privately for needed care.

Basic needs are the top priority for Spanish-speaking elders, particularly those on low and fixed incomes. After community safety, key reported needs were: affordable housing, food and meals programs and assistance with utility bills.

Vietnamese-Speaking Older Adults

Many of the participants in the Vietnamese-speaking focus group had been in concentration camps after the fall of South Vietnam, creating ongoing health and mental health needs. Because immigration laws require five years of residency before becoming eligible for SSI, difficulties result in obtaining MediCal coverage and this creates a serious barrier to obtaining needed basic health care services for recently-arrived Vietnamese elders.

Opportunities for employment are more limited for Vietnamese elders because their skills are often incompatible with local workforce needs and retraining opportunities, especially for non-English-speaking individuals, are very limited. Many elders reported feeling "strange" in the U.S. culture (e.g., male doctors for women, vice versa) and this has eroded individual self-esteem and exacerbated mental health problems for some Vietnamese elders.

This group of elders indicated a strong desire to become independent of their families to lessen financial burdens and to establish their own households. Financial assistance, improved access to health care and supported, affordable housing represent current priority needs for Vietnamese elders.

8.3 Conclusion

This chapter has touched upon many aspects of diversity represented in Alameda County's older adult population. Each of the eight population groups whose concerns and needs were described in this chapter enlightened this needs assessment by identifying both barriers and solutions as well as the uniqueness of their experiences as elders in Alameda County.

Chapter Nine

Barriers to Senior Services

9.1 Overview

Greater needs; fewer services. Previous chapters of this needs assessment report discussed the growing misalignment between needs and resources in Alameda County's older adult population. Few in the County expect this situation to improve markedly in the next several years. During times of protracted scarcity, using available resources most effectively becomes a moral, as well as financial, imperative.

Throughout the course of this needs assessment, in all parts of the County and from many different perspectives, respondents provided information, anecdotal and aggregated, about serious barriers that prevent elders from receiving the assistance they need to live independently and safely. These barriers are both structural and attitudinal. Many of the barriers identified in this needs assessment are exacerbated by the overall shortage of senior-serving resources.

9.2 Barriers to Service

The barriers which most seriously impede the effective delivery of senior services include the following:

- **"The waiting list was so long and I needed help right away."**
Continuing declines in funding and resulting reductions in many senior programs and agencies have resulted in lengthy waiting lists for many services, including some "safety net" services for the most vulnerable. Waiting lists and reductions in levels of service are the common consequences of the growing imbalance between needs and resources, causing many older adults to go without the services they need.

Another consequence is the increasing fragility (one respondent called it "brittleness") of many senior-serving community organizations. Funding and staff reductions have eroded the fiscal foundation of some agencies and continue to threaten many others. The long-term consequences of resource scarcity could seriously affect service availability in many parts of Alameda County.

Solutions to the resource problem fell into two categories: increasing levels of public and private funding for senior services (a long-term goal); and increasing the efficiency with which current resources are used (a more immediate strategy that could involve a host of actions from streamlining and better integrating the funding process to organizational

consolidation among community-based service organizations).

- **"It seems like getting what you need is getting harder and harder all the time."** From the perspective of consumers (elders, informal caregivers, case managers, and others), identifying appropriate sources of service and obtaining them in a timely manner often is a considerable ordeal, particularly daunting for non-English-speaking, frail, sensory limited and isolated older adults. Barriers of insufficient consumer information and system "unfriendliness" were reported to be more acute now than in any time past, largely because fewer services have to be stretched farther to address a growing senior population and higher levels of need.

The problem of not knowing where to turn for senior information or assistance affects all geographic areas of the County. While this barrier is most problematic for isolated, low income and ethnic minority elders, lack of information arose continuously in this needs assessment as a fundamental problem for the entire older adult community. Solutions recommended by needs assessment respondents included identifying, adequately supporting and publicizing a single source of senior service information. Coupled with that are multiple, community based "points of entry" which provide direct access to the network of formal senior services and other helping resources.

The corresponding problem of system "impenetrability" (the word used by one focus group respondent) is a growing barrier for many older adults in Alameda County. Most often, problems centered on difficulties obtaining public sector services, which were sometimes seen as "user-unfriendly". Shortages of many types of service, however, have forced many providers to triage their clients, directing services to the most acute needs and leaving other needs unresolved. Solutions, suggested by needs assessment participants, focused on increasing service levels; in-service training for front-line staff in public and private service agencies; increasing support for elder advocacy and case management services; and raising communitywide awareness of the need to make services more accessible.

- **"Its very difficult for me to communicate with them."** (Written in Chinese on a needs assessment community response form; refers to case workers.) Language can represent a serious barrier to services for elders who are not able to communicate in English. There has been some progress in Spanish language communication, but more work remains to be done. Communicating with the growing populations of Asians, Southeast Asians, Middle Easterners, Russians and other ethnic elders has become a significant challenge for service providers in recent years.

Solutions to the language barrier, as suggested by needs assessment participants, include; expanded translation services; multilingual signage and written materials at public and private organizations; more bilingual "front line" staff; and expanded use of volunteer client advocates for non-English-speaking elders.

- **"It takes over four hours round trip for me to get there."** As noted above, accessibility can be affected by the manner in which services are organized and delivered. Another dimension of service accessibility relates to geographic location and transportation. Particularly for non-driving elders outside of the northern part of the County and for activity-limited elders throughout the County, getting to sources of service can be a serious barrier. Because of underdeveloped service infrastructures in parts of the central, south and east parts of the County, and because of the location of many public programs and services in the northern part of the County, many elders reported difficulties in accessing services on public transportation. Concerns about personal safety coupled with multiple transfers among public transit systems and lengthy trip times add considerably to the barriers experienced by some older adults in seeking and receiving services.

Regardless of geographic location, older adults with an activity limitation or disability have far fewer options with regard to accessing services. Paratransit and informal assistance meet some needs, but limitations (geographic, purpose of trip, in-advance sign-up) are significant and budget limitations preclude meaningful service expansion in the near future. Solutions to the transportation dimension of access, as suggested by needs assessment respondents include: expanding supported transportation services; advocating for more elder-accessible public transportation; and increasing integration of the many paratransit and other supported transportation services now operating in the County.

- **"I don't want welfare; I don't want to lose my home; and I don't want to talk about my problems with strangers."** During the course of this needs assessment, elders and others described barriers to service that are fed by misinformation, misperceptions and concern for personal privacy and safety. For many elders, use of public or other community services is perceived as receiving "welfare". This is anathema to many older adults, despite their being entitled to services and benefits. For some elders, the welfare stigma acts as an attitudinal barrier to seeking formal sources of assistance.

There is a common misconception, based on past policies, that use of supportive services will result in being disqualified for senior congregate housing. Some seniors living in their own homes fear that obtaining

supportive services will inevitably lead to their institutionalization. Neither scenario is common, but the fear of losing housing and independence causes some elders to self-isolate or to delay seeking assistance until the need has become acute and sometimes life-threatening.

Pride, a building block of self-esteem, sometimes serves as a barrier to seeking formal assistance. For many elders and in many ethnic communities, talking about personal problems with a stranger is uncommon and embarrassing. This reluctance translates into delayed help-seeking and other forms of isolation which often result in more serious and complex (and costly) problems over time.

9.3 Conclusion

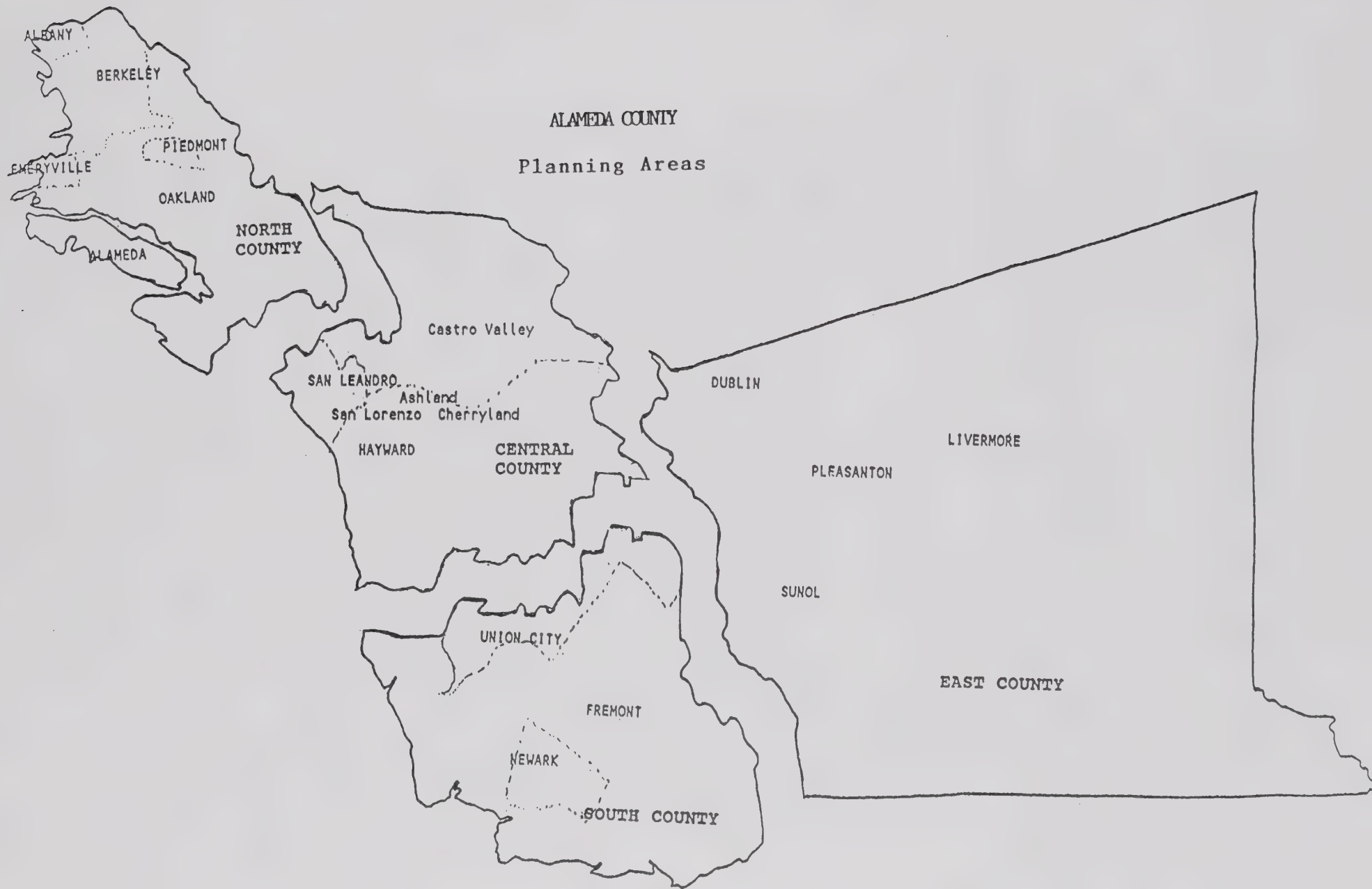
These barriers, described from the perspective of service users, most seriously affect those elders who are least able to negotiate a complex and bewildering array of services and providers. Ensuring equitable and needs-based access to senior service resources requires systematic resolution of these serious structural and attitudinal barriers.

APPENDIX

Key Informants

Jean Allen	Director of Senior Services, Albany Senior Center
Dion Aroner	Legislative Analyst for Tom Bates
Lillian Bell	Senior Services Coordinator, City of Fremont
Effie Burgess	Senior Program Administrator, City of Berkeley
Edward Campbell	President, Alameda County Board of Supervisors
Keith Carson	Member, Alameda County Board of Supervisors
Chaosarn Chao	Director, Laotian Family Community Development
Fernando Cheung	Executive Director, Oakland Chinese Community Council
James Chin	Director of Senior Employment, Catholic Charities
Sofia Cleggs	Executive Director, Spectrum Community Services
Tony Corica	Director of Human Resources, Alameda Hospital
Nora Davis	Mayor of Emeryville
Vicki de Castro	Attorney - Elder Law
Laurie Doyle	Health Educator, Kaiser Oakland
Diane Driver	Institute on Aging
Olga Estrada	Director of Human Services, City of Newark
Emma Franklin	African American Cultural and Historic Society of the Tri-City Area
Susan Garbuio	Executive Director, Bay Area Community Services
Mari Gasiorowicz	International Institute of the East Bay
Ray Grimm	Senior Program Coordinator, City of Fremont
Charles Harrington	Court Commissioner in Probate
Joyce Haynes	Kaiser Hayward
Barbara Hempill	Human Services Coordinator, City of Livermore
Cathy Herwatt	Executive Director, Valley Community Health Center
Nancy Hillis	Human Resources Department, City Of San Leandro
Sherry Hirota	Executive Director, Asian Health Services
Amy Lai Huey	Case Manager, MSSP Program
Barbara Hutchings	San Leandro Community Library
Jane Jackson	PAPCO
Georgina Jones	Mastic Senior Center
Hattie Jones	Executive Director, St. Peter's Community Adult Day Care
Mary King	Member, Alameda County Board of Supervisors
Linda Kretz	Executive Director, Area Agency on Aging
David Korth	Social Services Planning Manager, City of Hayward
Johnnie Lacy	Executive Director, CRIL
Bonnie Leonard	Executive Director, Dublin Senior Center
Ben Lopez	Executive Director, Filipino American Community Services Agency
Marty Lynch	Executive Director, Over 60 Health Center
David Luce	Outreach Coordinator
Arabella Martinez	Spanish Speaking Unity Council
Liz Mata	Clinic Director, Tri City Health Center
Connie McCabe	Meals on Wheels
Hector Mendez	Executive Director, La Familia Counseling Service
Tod Mikuriya	Eden Hospital Medical Center

Betty Moose	Assemblywoman, California Senior Legislature
Sandran Nathan	Department on Aging, City of Oakland
John Nguyen	Executive Director, Vietnamese Fishermen's Association
Patricia Omidan	Cal State Hayward
Ann Park	Korean Community Center of the East Bay
Donald Perata	Member, Alameda County Board of Supervisors
Jan Pinney	Executive Director, Project Heritage
Dr. Lenora Poe	Grandparent Caregiver Advocacy Program
Lillian Rabinowitz	Gray Panthers, Berkeley
Dr. Julee Richardson	Chabot College
Jane Robinson	Executive Director, Ombudsman
Francis SamSotha	Executive Director, Cambodian New Generation
Sue Schock Roderick	Alameda County Long Term Care Council
Ruth Shane	Alameda County Public Health Department
Suzanne Shenfil	Director, Human Services Department, City of Fremont
Alan Shinn	Asian Community Mental Health Services
Rita Shue	Recreation Supervisor, City of Hayward
Tina Simeon	Case Manager, San Antonio Neighborhood Health Center
Calvin Simmons	Congress of California Seniors
Maria Simon	Jewish Community Center, Oakland
Dennis Smith	Human Resource Director, City of Hayward
Karen Smith	City Manager, Union City
Rocio Smith	County DD Council
Luz Solis	Senior Service Program Coordinator, Union City
Mario Solis	Alameda County Private Industry Council
Gail Steele	Member, Alameda County Board of Supervisors
Carolyn Street	United Seniors of Oakland
Pat Sussman	Visiting Nurses Association and Hospice of Northern California
Maureen Swinbank	Executive Director, Livormore Senior Services Center
Laura Takeuchi	Executive Director, Japanese American Services of the East Bay
Nancy van Huffel	Village Homes Associatioin
Guyar Vasant	Director, Indo-American Community Senior Center
Minnie West	Congress of California Seniors
Kurt Weist	Housing Operations Supervisor
Beclee Wilson	Social Policy Research, Piedmont
Diane Wong	Executive Director, Alzheimer's Services of the East Bay
Orah Young	Legal Assistance for Seniors



ALAMEDA AREA AGENCY ON AGING

Alameda County Survey Instrument

INTRODUCTION

Hello, this is _____ with Survey Methods Group, a Bay Area research firm specializing in social research. We are conducting a survey in Alameda County on some important issues, and we would like to ask you a few questions. We're definitely not selling anything. All your answers will be kept strictly confidential.

1. What county do you live in?

- 1 ALAMEDA -----> CONTINUE
- 2 OTHER -----> THANK & TERMINATE

(IF ALAMEDA COUNTY) Over the next month we will be interviewing people in Alameda County who are aged 55 and older to find out how the process of growing older has affected their lives. We are also interested in discovering what social services people currently need and what services might be useful in the next five years. The results from this survey will help better assess the needs of people in Alameda County.

This is a study of Alameda county adults aged 55 and older.

2. How many adults in your household are aged 55 or older?

- | | |
|---------------------------|-----------------------|
| 1 ONE | (GO TO QUESTION 3) |
| 2 TWO OR MORE (SPECIFY #) | (SKIP TO QUESTION 5) |
| 3 NONE | (THANK AND TERMINATE) |
| 4 DON'T KNOW/NOT SURE | (THANK AND TERMINATE) |
| 5 REFUSED/NO ANSWER | (THANK AND TERMINATE) |

3. Is this person yourself or someone else in the household?

- 1 SELF
- 2 OTHER PERSON

4. BLANK

5. (IF MORE THAN "1" IN Q.2, ASK:) And as a way to randomly select someone in your household to participate, which person aged 55 or older had the most recent birthday? You can just tell me their first name or initial.

_____ ENTER NAME OF RESPONDENT

Is that person at home now, or is that yourself?

(SCHEDULE CALL-BACK OR CONTINUE)

(IF SELF, CONTINUE. IF OTHER, WHEN YOU REACH DESIGNATED RESPONDENT, REPEAT INTRODUCTION AND THEN CONTINUE.)

6. How would you rate your overall health compared to other people your age? Would you say it is ... (READ RESPONSES)

- 1 EXCELLENT
- 2 GOOD
- 3 FAIR
- 4 POOR
- 5 REF/DK (DO NOT READ)
- 6 N.A. (DO NOT READ)

7. Because of a health condition do you ever have any difficulty going outside the home alone, for example, to shop for food or visit the doctor's office?

- 1 YES (ASK Q. 7A)
- 2 NO (SKIP TO Q. 8)
- 3 REF/DK (DO NOT READ)
- 4 N.A. (DO NOT READ)

7A. Who usually helps you when you need to go outside of the home?

- 1 SPOUSE
- 2 CHILD
- 3 OTHER RELATIVE
- 4 PAID WORKER
- 5 VOLUNTEER
- 6 FRIEND/NEIGHBOR
- 7 OTHER (SPECIFY)
- 8 NO ONE
- 9 REF/DK (DO NOT READ)
- 10 N.A. (DO NOT READ)

8. Because of a HEALTH CONDITION, do you have any difficulty taking care of your own personal needs such as: bathing, dressing, or getting around inside the home?

1 YES (ASK Q. 8A)
2 NO (SKIP TO Q. 9)
3 REF/DK (DO NOT READ)
4 N.A. (DO NOT READ)

- 8A. Who usually helps you when you need help with personal care such as: bathing, dressing, or getting around inside the home?

1 SPOUSE
2 CHILD
3 OTHER RELATIVE
4 PAID WORKER
5 VOLUNTEER
6 FRIEND/NEIGHBOR
7 OTHER (SPECIFY)
8 NO ONE
9 REF/DK (DO NOT READ)
10 N.A. (DO NOT READ)

9. Do you ever have trouble getting enough to eat?

1 YES (ASK Q. 9A & 9B)
2 NO (SKIP TO Q. 10)
3 REF/DK (DO NOT READ)
4 N.A. (DO NOT READ)

- 9A. Do you have trouble getting enough to eat ... (READ RESPONSES)

1 FREQUENTLY
2 OCCASIONALLY
3 SELDOM
4 REF/DK (DO NOT READ)
5 N.A. (DO NOT READ)

- 9B. Why do you, at times, have trouble getting enough to eat?
(RECORD ALL MENTIONS)

1 CAN'T AFFORD FOOD
2 TROUBLE PREPARING MEALS
3 TROUBLE SHOPPING
4 LACK OF COOKING FACILITIES
5 PHYSICAL PROBLEM
6 NO APPETITE
7 OTHER (SPECIFY)
8 REF/DK (DO NOT READ)
9 N.A. (DO NOT READ)

10. Do you currently have any type of health insurance?

- 1 YES
- 2 NO
- 3 REF/DK (DO NOT READ)
- 4 N.A. (DO NOT READ)

11. Do you feel you have enough contact with your family, friends, or neighbors?

- 1 YES
- 2 NO
- 3 REF/DK (DO NOT READ)
- 4 N.A. (DO NOT READ)

12. If you needed help, to whom would you turn first? (PROMPT: Help in general)

- 1 SPOUSE
- 2 CHILDREN
- 3 OTHER FAMILY MEMBER
- 4 FRIEND/NEIGHBOR
- 5 CHURCH
- 6 SENIOR CENTER
- 7 PHYSICIAN
- 8 SENIOR INFORMATION AND ASSISTANCE
- 9 OTHER (SPECIFY)
- 10 NO ONE
- 11 REF/DK (DO NOT READ)
- 12 N.A. (DO NOT READ)

13. How do you usually get around when you go outside of your home?
(CLARIFY "TAXI" FOR SELF PAY OR PARATRANSIT)

- 1 DRIVE SELF
- 2 RIDES FROM OTHERS
- 3 PUBLIC MASS TRANSIT
- 4 PARATRANSIT (TAXI VOUCHERS/VAN SERVICE)
- 5 TAXI (SELF PAY)
- 6 WALK
- 7 BICYCLE
- 8 OTHER (SPECIFY)
- 9 REF/DK (DO NOT READ)
- 10 N.A. (DO NOT READ)

14. Do problems with transportation ever keep you from doing the things you want to do outside of your home?

- 1 YES (ASK Q. 14A)
- 2 NO (SKIP TO Q. 15)
- 3 REF/DK (DO NOT READ)
- 4 N.A. (DO NOT READ)

14A. How often do problems with transportation keep you from doing the things you want to do outside of your home? (READ RESPONSES)

- 1 FREQUENTLY
- 2 OCCASIONALLY
- 3 SELDOM
- 4 REF/DK (DO NOT READ)
- 5 N.A. (DO NOT READ)

15. Do problems with crime or violence ever keep you from doing the things you want to do outside of your home?

- 1 YES (ASK Q. 15A)
- 2 NO (SKIP TO Q. 16)
- 3 REF/DK (DO NOT READ)
- 4 N.A. (DO NOT READ)

15A. How often do problems with crime or violence keep you from doing the things you want to do outside of your home? (READ RESPONSES)

- 1 FREQUENTLY
- 2 OCCASIONALLY
- 3 SELDOM
- 4 REF/DK (DO NOT READ)
- 5 N.A. (DO NOT READ)

16. Do problems with language ever keep you from doing the things you want to do outside of your home?

- 1 YES (ASK Q. 16A)
- 2 NO (SKIP TO Q. 17)
- 3 REF/DK (DO NOT READ)
- 4 N.A. (DO NOT READ)

16A. How often do problems with language keep you from doing the things you want to do outside of your home? (READ RESPONSES)

- 1 FREQUENTLY
- 2 OCCASIONALLY
- 3 SELDOM
- 4 REF/DK (DO NOT READ)
- 5 N.A. (DO NOT READ)

17. On another topic, on a day-to-day basis do you provide care for another person?

- 1 YES (ASK Q. 17A)
- 2 NO (SKIP TO Q. 18)
- 3 REF/DK (DO NOT READ)
- 4 N.A. (DO NOT READ)

17A. Who is this person? (ALLOW FOR MULTIPLE RESPONSES)

- 1 SPOUSE
- 2 BROTHER/SISTER
- 3 CHILDREN
- 4 PARENT
- 5 GRANDCHILD
- 6 GREAT GRANDCHILD
- 7 OTHER RELATIVE
- 8 FRIEND
- 9 OTHER (SPECIFY)
- 10 REF/DK (DO NOT READ)
- 11 N.A. (DO NOT READ)

18. Now I would like to read you a list of different types of services and help provided to older adults, for each one please tell me whether you currently use or have that type of service provided to you.

	YES	NO	REF/DK
INFORMATION ON SERVICES	1	2	3
SENIOR TRANSPORTATION	1	2	3
HOME-DELIVERED MEALS	1	2	3
SENIOR MEALS PROGRAM	1	2	3
HOUSING	1	2	3
LEGAL HELP	1	2	3
HOUSEHOLD REPAIRS	1	2	3
HOUSEKEEPING/YARD WORK	1	2	3
PERSONAL ATTENDANT CARE	1	2	3
SOMEONE TO TALK TO	1	2	3
SENIOR CENTER ACTIVITIES & SERVICES	1	2	3
ENOUGH MONEY TO LIVE ON	1	2	3
HEALTH CARE	1	2	3
TIME OFF FROM CAREGIVING	1	2	3
MONEY MANAGEMENT	1	2	3
HELP GETTING SERVICES YOU NEED	1	2	3
TRANSLATION SERVICES	1	2	3
ANYTHING ELSE (SPECIFY)	1	2	3

(FOR EACH "YES" IN Q. 18 - ASK Q. 18A)

- 18A. Is this need met formally - by an agency, or informally - by family or friends?

- 1 FORMALLY
- 2 INFORMALLY
- 3 REF/DK (DO NOT READ)
- 4 N.A. (DO NOT READ)

(FOR EACH "NO" IN Q. 18 - ASK Q. 18B)

- 18B. Do you currently have a need for . . . (READ SERVICE FROM Q. 18.)

- 1 YES
- 2 NO
- 3 REF/DK (DO NOT READ)
- 4 N.A. (DO NOT READ)

(FOR EACH "YES" IN Q. 18B - ASK Q. 18C)

18C. Why is this need not met?

- 1 LANGUAGE BARRIERS
- 2 COST
- 3 TRANSPORTATION PROBLEMS/DISTANCE
- 4 CANNOT LOCATE/DON'T KNOW WHERE TO LOOK
- 5 RELUCTANCE/FEAR
- 6 DON'T FEEL ENTITLED
- 7 UNAWARE OF SERVICE/DIDN'T KNOW SERVICE EXISTED
- 8 TOO LONG TO WAIT
- 9 SERVICE NOT AVAILABLE IN MY AREA
- 10 OTHER (SPECIFY)
- 11 REF/DK (DO NOT READ)
- 12 N.A. (DO NOT READ)

(FOR EACH ITEM ANSWERED "NO" IN Q. 18 - ASK Q. 19)

19. I would like you to think about the future. I will now read to you a list of types of services and help available to older adults, for each one please tell me if you think you will have a need for that type of service in the next five years.

(ASK ONLY THOSE THAT WERE A "NO" IN Q. 18)

	YES	NO	REF/DK(D
O NOT READ)			
INFORMATION ON SERVICES	1	2	3
SENIOR TRANSPORTATION	1	2	3
HOME-DELIVERED MEALS	1	2	3
SENIOR MEALS PROGRAM	1	2	3
HOUSING	1	2	3
LEGAL HELP	1	2	3
HOUSEHOLD REPAIRS	1	2	3
HOUSEKEEPING/YARD WORK	1	2	3
PERSONAL ATTENDANT CARE	1	2	3
SOMEONE TO TALK TO	1	2	3
SENIOR CENTER ACTVTIES & SRVCS	1	2	3
ENOUGH MONEY TO LIVE ON	1	2	3
HEALTH CARE	1	2	3
TIME OFF FROM CAREGIVING	1	2	3
MONEY MANAGEMENT	1	2	3
HELP GETTING SERVICES YOU NEED	1	2	3
TRANSLATION SERVICES	1	2	3
ANYTHING ELSE (SPECIFY)	1	2	3

20. BLANK

The last few questions are just to classify the people we talk to into groups.

21. What is your current marital status, are you ... (READ RESPONSES)

- 1 MARRIED
- 2 NOT MARRIED, BUT LIVING WITH A PARTNER
- 3 WIDOWED
- 4 SEPARATED
- 5 DIVORCED
- 6 SINGLE AND NEVER MARRIED
- 7 OTHER (SPECIFY)
- 8 REF/DK (DO NOT READ)
- 9 N.A. (DO NOT READ)

22. How many people (including any children) are there in your household?

_____ ENTER NUMBER OF PEOPLE IN HOUSEHOLD

23. What is your age please?

_____ YEARS

24. Are you currently employed?

- 1 YES (SKIP TO Q.26)
- 2 NO (ASK Q.25)
- 3 DON'T KNOW/NOT SURE (SKIP TO Q.25)
- 4 REFUSED/NO ANSWER (SKIP TO Q.25)

25. Are you retired?

- 1 YES (SKIP TO Q.29)
- 2 NO (SKIP TO Q.27)
- 3 DON'T KNOW/NOT SURE (SKIP TO Q.27)
- 4 REFUSED/NO ANSWER (SKIP TO Q.27)

26. Is that full- or part-time employment?

- 1 FULL-TIME (SKIP TO Q.29)
- 2 PART-TIME (SKIP TO Q.29)
- 3 DON'T KNOW/NOT SURE (SKIP TO Q.29)
- 4 REFUSED/NO ANSWER (SKIP TO Q.29)

27. Are you currently ... (READ RESPONSES)

- 1 UNEMPLOYED
- 2 DISABLED
- 3 A HOMEMAKER
- 4 A STUDENT
- 5 SOMETHING ELSE (SPECIFY)
- 6 REF/DK (DO NOT READ)
- 7 N.A. (DO NOT READ)

28. BLANK

29. What is your zip code?

_____ ENTER ZIP CODE

30. What was the highest level of education you completed?

- 1 SOME OR NO HIGH SCHOOL
- 2 HIGH SCHOOL GRADUATE
- 3 SOME COLLEGE/NON-COLLEGE OR POST SECONDARY TRAINING
OF SOME SORT
- 4 COLLEGE GRADUATE
- 5 ADVANCED DEGREE
- 6 DON'T KNOW/NOT SURE
- 7 REFUSED/NO ANSWER

31. Most people think of themselves as belonging to a particular ethnic or racial group. Do you consider yourself to be White, African American, Hispanic or Latino, Native American, Asian or Pacific Islander, or do you belong to some other group?

- 1 WHITE
- 2 AFRICAN AMERICAN
- 3 HISPANIC OR LATINO
- 4 NATIVE AMERICAN
- 5 ASIAN OR PACIFIC ISLANDER
- 6 OTHER (RECORD ON OPEN-END SHEET)
- 7 DON'T KNOW/NOT SURE
- 8 REFUSED/NO ANSWER

32. In what type of structure do you currently live?

- 1 SINGLE FAMILY HOME
- 2 PRIVATE APARTMENT, DUPLEX, OR CONDO
- 3 MOBILE HOME
- 4 SENIOR HOUSING COMPLEX
- 5 BOARD AND CARE
- 6 RESIDENTIAL HOTEL
- 7 NO PERMANENT RESIDENCE.
- 8 OTHER (SPECIFY)
- 9 REF/DK (DO NOT READ)
- 10 N.A. (DO NOT READ)

33. Do you own or do you rent?

- 1 OWN
- 2 RENT
- 3 OTHER (SPECIFY)
- 4 REF/DK (DO NOT READ)
- 5 N.A. (DO NOT READ)

34. How long have you been at your current residence?

_____ YEARS

35. How long have you lived in Alameda county?

_____ YEARS

(IF RESPONDENT IS SINGLE IN Q. 21 - ASK SERIES 36 A-C; IF RESPONDENT IS MARRIED IN Q. 21 - ASK SERIES 36 D-F)

SINGLE OR UNMARRIED PEOPLE ONLY

36A. Is your PERSONAL monthly income over or under \$779 per month?

- 1 OVER (GO TO Q. 36B)
- 2 UNDER (GO TO Q. 36C)
- 3 EXACT AMOUNT (GO TO Q.37)
- 4 REF/DK (DO NOT READ)
- 5 N.A. (DO NOT READ)

36B. Is your PERSONAL monthly income over or under \$934 per month?

- 1 OVER (GO TO Q. 37)
- 2 UNDER (GO TO Q. 37)
- 3 EXACT AMOUNT (GO TO Q. 37)
- 4 REF/DK (DO NOT READ)
- 5 N.A. (DO NOT READ)

36C. Is your PERSONAL monthly income over or under \$623 per month?

- 1 OVER (GO TO Q. 37)
- 2 UNDER (GO TO Q. 37)
- 3 EXACT AMOUNT (GO TO Q. 37)
- 4 REF/DK (DO NOT READ)
- 5 N.A. (DO NOT READ)

MARRIED PEOPLE ONLY

36D. Is your monthly income FOR YOU AND YOUR SPOUSE over or under \$1411 per month?

- 1 OVER (GO TO Q. 36E)
- 2 UNDER (GO TO Q. 36F)
- 3 EXACT AMOUNT (GO TO Q. 37)
- 4 REF/DK (DO NOT READ)
- 5 N.A. (DO NOT READ)

36E. Is your monthly income FOR YOU AND YOUR SPOUSE over or under \$1693 per month?

- 1 OVER (GO TO Q. 37)
- 2 UNDER (GO TO Q. 37)
- 3 EXACT AMOUNT (GO TO Q. 37)
- 4 REF/DK (DO NOT READ)
- 5 N.A. (DO NOT READ)

36F. Is your monthly income FOR YOU AND YOUR SPOUSE over or under \$1129 per month?

- 1 OVER (GO TO Q. 37)
- 2 UNDER (GO TO Q. 37)
- 3 EXACT AMOUNT (GO TO Q. 37)
- 4 REF/DK (DO NOT READ)
- 5 N.A. (DO NOT READ)

37. What are your current sources of monthly income? (ACCEPT MULTIPLE RESPONSES)

- 1 SOCIAL SECURITY
- 2 SUPPLEMENTAL SECURITY INCOME (SSI)
- 3 EMPLOYMENT WAGES/SALARY/BUSINESS INCOME
- 4 RETIREMENT INCOME
- 5 VA OR MILITARY PENSION
- 6 DISABILITY BENEFITS
- 7 AID TO FAMILIES WITH DEPENDENT CHILDREN
- 8 UNEMPLOYMENT COMPENSATION
- 9 MONEY FROM FAMILY MEMBERS
- 10 PRIVATE RENTAL INCOME, PROPERTY, INVESTMENTS, OR SAVINGS
- 11 ENERGY ASSISTANCE
- 12 OTHER (SPECIFY)
- 13 REF/DK (DO NOT READ)
- 14 N.A. (DO NOT READ)

Just so my supervisor can verify this interview, may I please have your first name and phone number?

FIRST NAME

PHONE NUMBER

Thank you very much for taking time to answer our survey.

GENDER:

- 1 MALE
- 2 FEMALE



COMMISSION ON AGING

1234 E. 14th Street, Suite 207, San Leandro, California 94577, Telephone: (415) 667-3060

January 13, 1994

I am writing to ask your help with a comprehensive community assessment of the needs of persons age 55 and older in Alameda County. Approximately seventy-five providers, policymakers and elder advocates are being interviewed as "key informants" during the next month to obtain information on needs, resources and priority policy issues affecting the county's older population now and in the coming years. Would you be available for a confidential, in-person one-hour interview sometime before February 15? Your perspectives and insights will be incorporated into a final report which will be presented to the Alameda County Board of Supervisors in May, 1994.

The needs assessment is being conducted at the request of the Board of Supervisors by a consortium of community-based service providers, community leaders, planners and elder advocates. This group identified you as a knowledgeable individual with an important perspective on the needs of older adults. A volunteer interviewer will be in touch with you within the coming week to further explain the purpose and methods of this needs assessment and to schedule a convenient time for the interview. A copy of the interview questions is attached, but no formal preparation is necessary.

On behalf of the community group responsible for this needs assessment, I would like to thank you for taking the time to participate in this important study. All participants will be invited to the public meetings at the conclusion of the needs assessment and will receive a copy of the executive summary of the final needs report. Should you have any questions about this study or your participation, please feel free to call Linda Kretz, Director of the Alameda County Area Agency on Aging (510/667-3060), the agency serving as the fiscal agent for the needs assessment.

Once again, thank you in advance for your help.

Sincerely,

LeRoy J. King
Chairman
Alameda County Commission on Aging

Alameda County Department on Aging
1993-94 Senior Needs Assessment
Protocol for Key Informant Interviews

1. When you think about the future for older adults in Alameda County, what concerns you the most? Why?
2. What are the most critical unmet needs for older adults in Alameda County now? Over the next 3 to 5 years?
3. From your perspective, how effectively do you believe senior services in Alameda County are responding to the needs of older adults at the present time? How might this change over the next 3 to 5 years?
4. From your perspective, which sub-groups of the older population in Alameda County are at the greatest risk? Which experience the greatest isolation? How can this be addressed?
5. What geographical areas and population groups currently experience the most serious unmet senior service needs in Alameda County? How will this change over the next 3 to 5 years?
6. What barriers prevent older adults from receiving the services they need in Alameda County? How can these be overcome?
7. What geographical areas and population groups seem to be best served by senior programs and services currently in Alameda County? How will this change over the next 3 to 5 years?
8. How well are informal (e.g., family) caregivers of older adults supported in Alameda County? How can this be improved?
9. What do you expect the trends to be over the next 3 to 5 years with respect to funding for senior services? How will these trends affect the availability and organization of senior services in Alameda County?
10. Compared with other groups and needs in the population (such as children, disabled persons, education, public safety) what level of priority does Alameda County give to elders and their service needs? Has this changed during the past five years? Do you expect and significant changes in the priority of elder services in the next 3 to 5 years?

11. What changes would you make in the way senior services are organized and funded in Alameda County to increase effectiveness, efficiency and access? What would be your top priorities if new funding were available for senior services?
12. Do you have any other thoughts about older adults, their needs, service or policy issues?

Announcing

Community Meetings on Needs of Persons 55 and Older in the Gay, Lesbian, Bisexual Community

The Alameda County Board of Supervisors has authorized the Area Agency on Aging to conduct a **comprehensive study of Alameda County's older residents and their needs for services**. The research firm of Harder & Kibbe has been hired by Alameda County to carry out the needs assessment study.

As a first step, focus groups with various populations have been scheduled throughout Alameda County. Persons aged 55 or older are invited to attend a meeting and speak out on the needs of gay, lesbian, and bisexual older adults and their partners and families.

Your participation and comments will give us valuable information on the needs of older persons and their families.

**Thursday, February 24, 7:00 - 9:00 p.m.
Pacific Center for Human Growth
2712 Telegraph Avenue, Berkeley
548-8283**

Directions:

Driving: The Pacific Center for Human Growth is located at the corner of Telegraph and Derby. From Highway 80 take the Ashby exit, drive east to Telegraph and turn left.

Public Transportation: Take BART to the Berkeley Station and catch the #40 bus, down Telegraph. This bus can also be picked up anywhere on Telegraph in Downtown Oakland.

For further information, call the
Alameda County Area Agency on Aging
667-3060

Announcing

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As a first step, community meetings have been scheduled throughout Alameda County. **Persons aged 55+ or people providing care for someone 55 or older are invited to attend their local meeting and speak out on the needs of older adults and their families.**

Your participation and comments will give us valuable information on the needs of older persons and their families.

Friday, February 4, 10:00 a.m. - 12 noon*
Oakland Senior Center, 1st Floor Lounge
200 Grand Avenue, Oakland
238-3284

Directions:

Driving: 580 freeway to Grand Avenue exit. Right on Grand Avenue to Harrison. Center is on the corner of Grand and Harrison. Parking available at Douglas Garage: turn right on Harrison, drive 1 block to 23rd, turn left on 23rd, drive 2 blocks to the garage (on your right side). Discount validation parking tickets may be purchased at the senior center reception desk.

Public Transportation: BART: 19th Street Station, exit onto 20th Street and either take AC Transit bus #11, or #12 to 200 Grand Avenue, or walk on 20th Street to Webster, go left on Webster to Grand, right on Grand (about 7 blocks total).

*Those who want to stay for lunch must make a reservation by calling the center by 10 a.m. on February 3.

For further information, call the
Alameda County Area Agency on Aging
667-3060

Announcing

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Your participation and comments will give us valuable information on the needs of older persons and their families.

**Thursday, February 10, 1:30 p.m. - 3:30 p.m.
Main Branch, Hayward Public Library
835 "C" Street, Hayward
293-8685**

Directions:

Driving: The main branch of the Hayward Library is located at the corner of "C" Street and Mission Boulevard. From 880, take the "A" Street exit, drive east to Watkins. Turn right on Watkins, proceed to "C" Street. Turn left on "C" Street, and left into the public parking lot. The library is on the opposite side of the "C" Street.

Public Transportation: Take BART to the Hayward Station. Walk 2 blocks east on "C" Street. For AC Transit information, call 1-800-559-4630.

For further information, call the
Alameda County Area Agency on Aging
667-3060

Announcing

Community Meetings on Needs of Persons 55 and Older

The Alameda County Board of Supervisors has authorized the Area Agency on Aging to conduct a **comprehensive study of Alameda County's older residents and their needs for services**. The research firm of Harder & Kibbe has been hired by Alameda County to carry out the needs assessment study.

As a first step, community meetings have been scheduled throughout Alameda County. **Persons aged 55+ or people providing care for someone 55 or older are invited to attend their local meeting and speak out on the needs of older adults and their families.**

Your participation and comments will give us valuable information on the needs of older persons and their families.

***Thursday, January 27, 9:00 - 11:00 a.m.
Fremont Main Library, Fukiya Room A
2400 Stevenson Boulevard, Fremont
745-1499***

Directions:

Driving: 880 Freeway, exit Stevenson Boulevard east, proceed on Stevenson past Paseo Padre Parkway. Library is in next block on the right.

Public Transportation: The library is a 10 minute walk from the BART station. AC Transit bus #20 from BART stops in front of the Library.

For further information, call the
Alameda County Area Agency on Aging
667-3060

Announcing

Community Meetings on Needs of Persons 55 and Older

The Alameda County Board of Supervisors has authorized the Area Agency on Aging to conduct a **comprehensive study of Alameda County's older residents and their needs for services**. The research firm of Harder & Kibbe has been hired by Alameda County to carry out the needs assessment study.

As a first step, community meetings have been scheduled throughout Alameda County. **Persons aged 55+ or people providing care for someone 55 or older are invited to attend their local meeting and speak out on the needs of older adults and their families.**

Your participation and comments will give us valuable information on the needs of older persons and their families.

**Wednesday, January 26, 10:00 - 12 noon
Pleasanton Senior Center
5353 Sunol Boulevard, Pleasanton
484-8176**

Directions:

Driving: Take 680 Freeway to the Bernal Avenue Exit. Go east on Bernal, past the Alameda County Fairgrounds, which will be on your left. At the 3rd stoplight, turn right onto Sunol Boulevard. At 1st stoplight on Sunol Boulevard, turn right into the Pleasanton Senior Center parking lot.

Public Transportation: Wheels bus #4 stops in front of the Senior Center. For more information on Wheels transportation, call 455-7500.

For further information, call the
Alameda County Area Agency on Aging
667-3060

Alameda County Department on Aging
Public Forum Protocol

1. When you think about the future of older adults, in this part of Alameda County, what concerns you the most? What do you expect to change over the next three to five years?
2. From your experiences what are the most serious unmet needs of older adults, in this part of Alameda County, at the present time?
3. What barriers prevent older adults, in this part of Alameda County, from receiving the services they need? How can these be overcome?
4. What groups of older adults, in this part of Alameda County, are isolated or underserved, having little or no contact with any formal senior services? How can these populations or areas be reached and isolation reduced?
5. What kinds of support do people who care for older adults, in this part of Alameda County, need?



COMMISSION ON AGING

1234 E. 14th Street, Suite 207, San Leandro, California 94577, Telephone: (415) 667-3060

February 7, 1994

TO: _____

FROM: LeRoy King, Chair, Alameda County Advisory Commission on Aging

SUBJECT: Alameda County Senior Needs Assessment

I am writing to ask your help with a comprehensive community assessment of the needs of persons 55 and older in Alameda County. As a part of the needs assessment, approximately 18 Focus Groups consisting of providers, caregivers, and older persons are being conducted during the month of February. We are gathering information on needs, resources, and priority issues affecting the County's older population now and in the coming years.

A Focus Group involving _____ has been scheduled for February _____, from _____ to _____ at _____. You have been identified by members of the Needs Assessment Oversight Committee as a leader in this arena, and we would appreciate your attendance. Your perspectives and insights will be incorporated into a final report which will be presented to the Alameda County Board of Supervisors in May 1994.

The needs assessment is being conducted at the request of the Board of Supervisors by an independent consulting firm in cooperation with the Needs Assessment Oversight Committee, a consortium of community-based service providers, community leaders, planners, and elder advocates. A facilitator from Harder + Kibbe Research and Consulting Firm will conduct the meeting.

On behalf of the community group responsible for this needs assessment, I would like to thank you for taking the time to participate in this important study. All participants will be invited to the public meetings at the conclusion of the needs assessment and will receive a copy of the executive summary of the final needs report. Should you have any questions about this study or your participation, please call Linda Kretz, Director of the Alameda County Area Agency on Aging (667-3060), the agency serving as the fiscal agent for the needs assessment.

Once again, thank you in advance for your help.

**Alameda County Department on Aging
1993-94 Senior Needs Assessment
Protocol for Provider/Advocate Focus Groups**

1. When you think about the future of older adults in Alameda County, what concerns you the most?
2. From your experiences, what are the most serious unmet needs of older adults in Alameda County at the present time? How do you expect these to change over the next three to five years?
3. What factors prevent older adults from getting needed services? How can these be remedied? What groups of older adults are most affected by these barriers?
4. From your experience, what groups of older adults are the most seriously isolated and have little or no contact with the formal senior service system? How can this isolation be reduced?
5. What have been your experiences in trying to link older adults with the services they need in Alameda County? What types of cases are most readily handled? What types of services are most difficult to secure for older clients?
6. What have been your experiences with informal (family) caregivers for older adults? Do you feel that they have enough support? How can their situations be improved?
7. Based on your experiences with older adults, if new funding became available for senior services, what kinds of programs would you choose to fund?
8. Do you have any other thoughts about older adults or their needs?

**Alameda County Department on Aging
1993-94 Senior Needs Assessment
Protocol for Client Focus Groups**

1. As an older adult (or someone who provides care for an older adult), when you think about the future here in Alameda County, what concerns you the most?
2. In your life now (and in the lives of other older adults in your community) what types of help do you get on a regular basis to help you live independently and safely in your own home? What other kinds of help do you need but cannot get?
3. What kinds of things keep you (or other older adults you know) from getting the kinds of help needed to live with independence and safety at home?
4. Why do some older persons here in Alameda County stay isolated in their homes even though they could get help from groups in their community?
5. What kinds of experiences have you had when you have tried to get services from community groups or government agencies here in Alameda County?
6. What kinds of help do you get from family, friends or neighbors? What kinds of support do people who help older persons without pay need?
7. If you had one million dollars to help older persons in your community, how would you spend the money?
8. Do you have any other thoughts about your needs or concerns as an older adults here in Alameda County?

ALAMEDA COUNTY SENIOR NEEDS ASSESSMENT COMMUNITY RESPONSE FORM

The Alameda County Board of Supervisors has authorized a comprehensive study of Alameda County's older residents and their need for services. Please take a moment to respond to the following questions. Surveys should be returned by Friday, February 25 to the address on the back of this page.

1. What kind of help or assistance do you get now that makes living independently easier?
2. What kind of help or assistance do you need that you are not getting now?
3. What would make it easier for you to get the help that you need?

Kayce Garcia
Harder+Kibbe Research
340 Townsend St., Suite 431
San Francisco, CA 94107

4. Please comment on any other concerns you feel are crucial for persons age 55 or older in Alameda County.

EL ASESORIO DE LAS NECESIDADES
DE LAS PERSONAS CON MAS DE 55 ANOS
DE EDAD EN EL CONDADO DE ALAMEDA

Los supervisores del Condado de Alameda han autorizado un estudio comprensivo de los residentes mayores (los con más de 55 años de edad) en el Condado y de sus necesidades. Favor de contestar las preguntas siguientes. Es necesario que devuelvan los cuestionarios antes del viernes, 25 de febrero. Envielo a la direccion al reves de esta hoja.

1. ¿Qué clases de apoyo o de asistencia recibe Vd. ahora que le facilita vivir independientemente?
2. De las clases de apoyo o de asistencia que Vd. necesita ¿cuáles no recibe ahora?
3. ¿Qué le ayudaría conseguir el apoyo que Vd. necesita?

Kayce Garcia
Harder+Kibbe Research
340 Townsend St., Suite 431
San Francisco, CA 94107

4. Por favor díganos lo que Vd. considere ser las necesidades más importantes para las personas de más de 55 años de edad en el Condado de Alameda.

ALAMEDA COUNTY SENIOR NEEDS ASSESSMENT

COMMUNITY RESPONSE FORM

阿拉米達縣社區老人意見調查表

The Alameda County Board of Supervisors has authorized a comprehensive study of Alameda County's older residents and their need for services. Please take a moment to respond to the following questions. Surveys should be returned by Friday, February 25 to the address on the back of this page.

阿拉米達縣監督董事會曾授權對老年居民及其需要的服務進行廣泛的研究和調查。請花費你小小時間回答以下的問題。本表應在二月二十五日星期五前按後面地址寄回。

1. What kind of help or assistance do you get now that makes living independently easier?

1. 目前你得到些甚麼幫助使你獨自生活得容易些?

2. What kind of help or assistance do you need that you are not getting now?

2. 你需要些甚麼目前沒有得到的幫助?

3. What would make it easier for you to get the help that you need?

3. 怎樣可以使你容易得到這些幫助?

Kayce Garcia
Harder and Kibbe Research
340 Townsend St. Suite 431
San Francisco, CA 94107

4. Please comment on any other concerns you feel are crucial
for persons age 55 or older in Alameda County.

4, 請指出其他你覺得肯定對五十五歲或五十五歲以上的人有關在阿拉米達
縣的事的意見。

to the

For further information, call the Alameda County Area Agency on Aging, 667-3060.



Advisory Commission on Aging

LeRoy J. King, Ph.D., Chair
James P. Southard, Vice-Chair

Josie M. Barrow
Edna Fuller
Norman Hinds
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Volunteers

Anna Cooper
Kristen deClive-Lowe
Harry Gin
Naomi London
Ben Lopez
John Nguyen
To Nguyen
Manik Sahatjian
Kevin Suelter
Robert Washington

Alameda County Area Agency on Aging
Senior Information

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